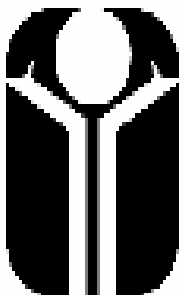


State Plan on Aging Federal Fiscal Year 2008 - 2011



**Making Choices
for a Healthier Future**



**Georgia Department of Human Resources
Division of Aging Services**

Table of Contents

State Plan Assurances.....	3
Verification of Intent	4

Section I

Executive Summary	5
Public Input	8
Mission, Vision, and Values.....	10
Georgia’s Aging Network	11
Planning and Service Areas Overview.....	13

Section II

State Data and Demographics	14
Aging Information Management System	19

Section III

Older American Community Services Employment Program.....	22
Home and Community Based Services	23
Case Management.....	24
Caregiver Services.....	26
Kinship Care	28
Community Care Services Program	30
Prevention of Abuse, Neglect and Exploitation	33
Adult Protective Services Program.....	39
Long-Term Care Ombudsman Program	41
Medicaid Long-Term Care Reform	43
Elderly Legal Assistance Program	45
Medicare Modernization Act	46
Transportation Services.....	50
Performance Outcomes Measurement Process.....	53

Section IV

Acronyms/Abbreviations.....	55
Funding Allocation Plan	65
Intrastate Funding Formula	68
Listing of State Plan Assurances and Required Activities	71
State Plan Development Process	82



B. J. Walker, Commissioner

Georgia Department of Human Resources • Division of Aging Services • Maria Greene, Division Director
Two Peachtree Street, NW • Suite 9.398 • Atlanta, Georgia 30303-3142 • Phone: 404-657-5258 • Fax: 404-657-5285

August 1, 2007

Ms. Billie Greenwell
AoA Region IV, DHHR
Atlanta Federal Center
61 Forsyth Street, SW, Suite 5M69
Atlanta, Georgia 30303-8099

Dear Ms. Greenwell:

The State Plan on Aging is hereby submitted for the State of Georgia for the period October 1 2007 through September 30, 2011.

The enclosed plan describes the values, resources, goals and strategies designed to achieve the State of Georgia's objectives in providing services to older adults that will champion Choices for Independence. Included are required assurances and a description of programs and services under the provisions of the Older Americans Act of 1965, as Amended.

While much progress has been made in providing elderly Georgians a wide array of services, our intent is to continue our concerted efforts to improve the quantity and quality of services provided.

If you have any questions about the 2007-2011 State Plan, you may contact me at 404-657-5252 or Arvine Brown at 404-657-5278.

Sincerely,

A handwritten signature in cursive script that reads "Maria Greene".

Maria Greene, Director
Division of Aging Services

cc: B. J. Walker
DAS Leadership Team

State Plan Assurances

For

Older Americans Act Amendments, as amended in, 2006

I, the undersigned, affirm and give the assurances required by sections 305, 306, and 307 of the Older Americans Act, as amended in 2006 (P.L. 89.73 .109-365)

Maria Greene Date August 3, 2007
Maria Greene, Director
Georgia Department of Human Resources
Division of Aging Services
State Agency on Aging Director

B. J. Walker Date 8-8-07
B. J. Walker, Commissioner
Georgia Department of Human Resources

Sonny Perdue Date 8-31-07
Sonny Perdue, Governor
State of Georgia

Verification of Intent Designation of the State Unit of Aging

The State Plan on Aging for Fiscal Years 2008 through 2011 is hereby submitted for the State of Georgia. The plan covers the period October 1, 2007, through September 30, 2011. It includes all assurances and plans to be conducted by the Georgia Department of Human Resources Division of Aging Services under the provisions of the Older Americans Act, that is amended, during the period identified. The State Agency named above has been authorized to develop and administer the State Plan on Aging in accordance with all requirements of the Act, i.e., the development of comprehensive and coordinated systems for the delivery of supportive services, including multipurpose senior centers and nutrition services, and to serve as the effective and visible advocate for the elderly in the State.

This State Plan is hereby approved by the Governor and constitutes authorization to proceed with activities under the State Plan upon approval by the Assistant Secretary on Aging.

The State Plan on Aging for Fiscal Years 2008 through 2011 hereby submitted has been developed in accordance with all Federal statutory and regulatory requirements.

8-03-07
(Date)

(Signed) Maria Greene
Maria Greene, Director
Georgia Department of Human Resources
Division of Aging Services

8-8-07
(Date)

(Signed) B.J. Walker
B.J. Walker, Commissioner
Georgia Department of Human Resources

I hereby approve the State Plan on Aging and submit it to the Assistant Secretary on Aging for approval.

8-31-07
(Date)

(Signed) Sonny Perdue
Sonny Perdue, Governor
State of Georgia

Executive Summary

The Georgia Department of Human Resources (DHR) Division of Aging Services, (DAS) as the State Agency on Aging, presents Georgia's four-year strategic plan for federal fiscal years (FFY) 2008 through 2011. The Plan documents the goals and objectives that have been developed, and strategies that will be implemented to: 1) identify and address the needs of Georgia's elderly population; 2) address advocacy issues relevant to the impending retirement of the baby boomer population; and 3) facilitate continued implementation of Choices for Independence initiatives geared towards promoting consumer-directed and community-based long term care options.

The State Plan development process incorporates key priorities identified by Georgia's twelve (12) Area Agencies on Aging (AAAs). In addition to defining program directions and evaluating progress made, the State Plan addresses all assurances cited by the Administration on Aging (AoA) from the Older Americans Act (OAA), including public comment on needs of the aging population and intrastate funding formula (IFF) requirements. Incorporated within the State Plan are the AoA priorities for 2007-2012 indicated below:

1. Empower older people, their families, and other consumers to make informed decisions about, and be able to easily access, existing health and long-term care options;
2. Enable seniors to remain in their own homes with high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers;
3. Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare; and
4. Ensure the rights of older people and prevent their abuse, neglect and exploitation.

The Georgia Department of Human Resources (DHR) Division of Aging Services (DAS), in collaboration with the Governor's Office, and the AAAs have the following advancements that are being completed in regards to areas identified as opportunities for improvement and plans to address AoA priorities:

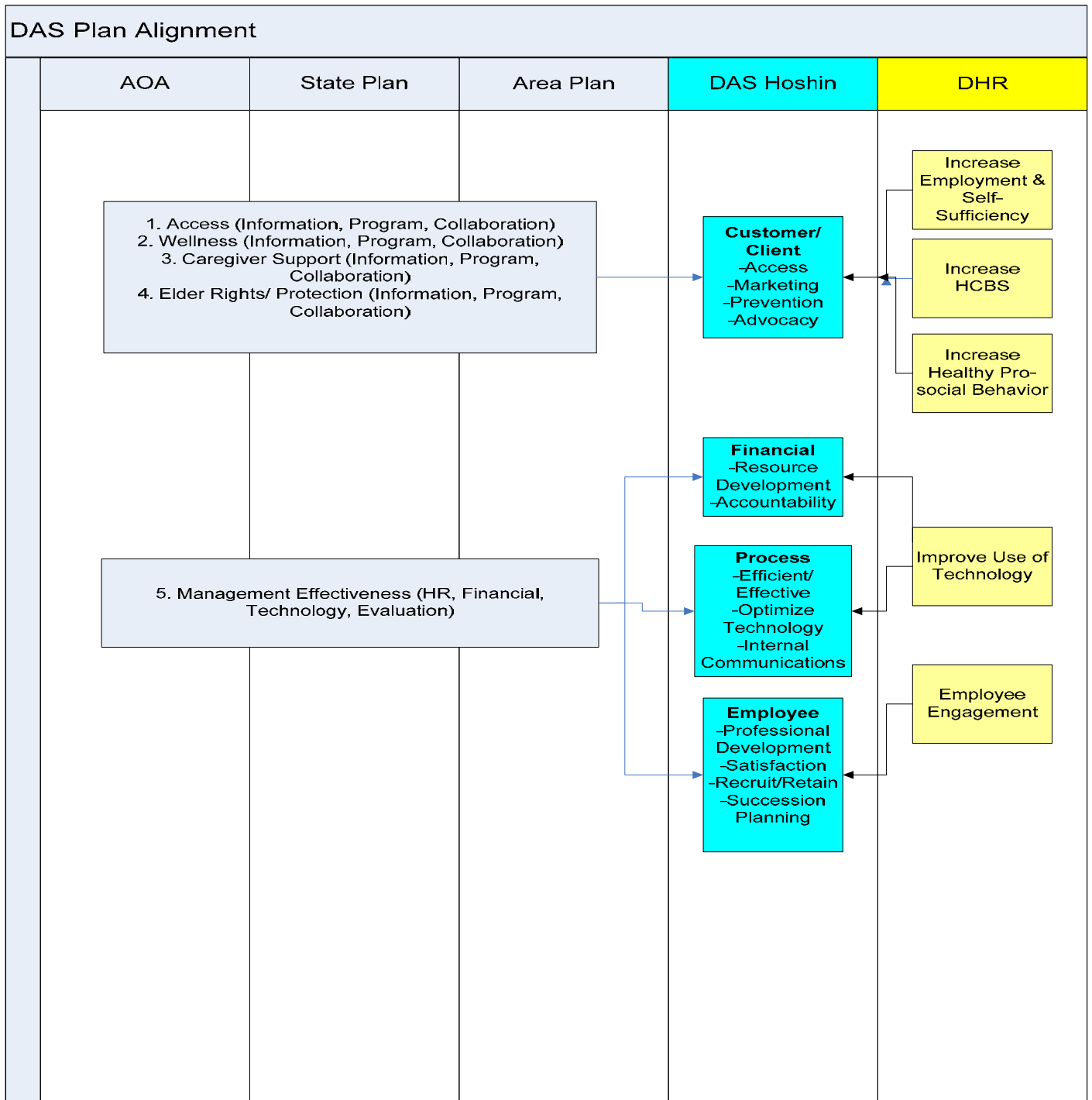
- An initiative within Georgia Being the "Best Managed State", included DAS hiring a Forensic Specialist to coordinate intervention and prevention strategies with banking and medical institutions and law enforcement to prevent abuse, neglect, and exploitation.
- Georgia was awarded a "Money Follows the Person" (MFP) Rebalancing Demonstration grant in May 2007. Georgia's plan will assist 1,347 persons, 375 of whom will be elderly, to transition from institutions back to the community over the five-year grant period.
- As of July 1, 2007, Georgia has one centralized telephone number operational to contact all AAAs that will be area-code routed. The telephone number is **1-866-**

55-AGING (552-4464). The centralized number will provide a unified approach for AAAs and DAS to market services and resources.

- In May 2007, The Governor and the Georgia General Assembly passed a Senate Resolution to create a Joint Study Committee on Transportation Funding to assess the conditions, needs, issues, and problems associated with transportation and recommend any actions or legislation that is deemed appropriate.
- The Administration on Aging has chosen Georgia's Consumer Directed Care Program for Caregivers (non-Medicaid funds) as a Best Practice and we are identified as Program Champions. Georgia's program was highlighted on AoA's website beginning June 1st, 2007.
- The May 17, 2007, Department of Health and Human Services (HHS) "Own Your Future" campaign progress summary shows that Georgia is now in first place among Phase III states, with a 7%+ response rate for citizens requesting information about Longlife Planning. The other states in Phase III are Michigan, Nebraska, South Dakota, Tennessee and Texas.
- Current Georgia Long-Term Care penetration is 3% with a goal of an 18% increase in Georgians purchasing long-term care insurance policies over the next four years.
- The Mobile Adult Day Care program, Georgia's innovative concept of providing adult day care, where the staff travel from one location to another to provide needed services, continues to be expanded. Mobile Day Care has been highlighted in a number of best practice reports, featured in *Older American Reports*, at a United States Special Committee on Aging hearing, and recognized by the Archstone Foundation and the American Public Health Association.
- In SFY06, the Community Care Services Program (CCSP) saved Georgia taxpayers \$11,674 in state Medicaid dollars per consumer served, for a total cost savings of over \$169 million. 13,560 clients were served in SFY06.
- In July 2007, DAS received notification that Georgia has been selected to receive funding from the United States Department of Agriculture (USDA) Office for the Senior Farmers' Market Program for the first time ever.
- The Performance Outcomes Measurement Project (POMP) helps States and Area Agencies on Aging (AAAs) assess their own performance, while assisting the Administration on Aging to meet accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) program assessment requirements. DAS has participated in and completed six (6) out of eight (8) projects.
- DAS, in conjunction with The Georgia Institute of Technology Interactive Media Technology Center (IMTC), The Jewish Federation of Greater Atlanta, and IntelHealth formed a collaboration to pilot assistive healthcare and information technology. The approach involves the placement and use of communications

devices that enable seniors and caregivers to remain in their own homes with a higher quality of life for a prolonged length of time by providing supports and assistance with and through medication management, telemedicine, and memory (caregiver initiatives).

The graph below shows alignment of the strategic planning processes and priorities among AoA, DHR, DAS – State Plan and Balanced Scorecard (HOSHIN) and AAAs – Area Plan.



Public Input

As a part of the state strategic planning process, DAS collaborated with the Georgia State University (GSU) and Kennesaw State University (KSU) on a project to solicit and collect representative public input. The primary project objectives were to ascertain the level of consumer knowledge about programs and services provided through DAS, the perceived value of and barriers to DAS programs and services, as well as to obtain consumer suggestions for recommended improvements to the service delivery system and ideas for new DAS initiatives.

Selections of Five Important Services Noted by Public Hearing Attendees (Using format of selection a list)			
Responses	Number of Responses	% of Responses	% of All Respondents
Transportation	278	17.6%	73.7%
Prescription Drug Assistance	152	9.6%	40.3%
Caregiver Assistance/ Respite Care	107	6.8%	28.4%
Income/Financial Assistance	104	6.6%	27.6%
Housing	97	6.1%	25.7%

Target Constituent Populations

- Citizens over age 60
- Citizens age 50-60
- People with disabilities
- Family members and other caregivers who assist senior or disabled persons;
- Professional providers of services to seniors and the disabled;
- Other consumers of services offered by DAS;
- Nursing facility and personal care home residents
- Area Agencies on Aging

Survey Methods

Statewide Public Hearings, Community Care Services Program [1915(c) Medicaid waiver, CCSP] Focus Groups, AAA and CCSP web and mail surveys, in-person interviews, and telephone surveys.

KSU CCSP consumer focus group results reveal that consumers want to remain independent and would regret any loss of independence. All consumers mentioned increased positive attitudes and mental outlook due to the program and services. CCSP services have improved relationships between consumers and in-home family caregivers.

- Service delivery in CCSP is very personal for consumers and care coordinators
- 96% consumer satisfaction levels with services
- Virtually all participants said that services were both essential and life-changing
- Provider agencies satisfied with interactions with other agencies. 78% are satisfied with State CCSP responsiveness.
- 88% of agencies feel DAS policies, standards and procedures support them in performing job responsibilities.

Most Significant Problems Identified Based on All Data Collection Methods and Opportunities for Improvement

- Transportation (medical and non-medical)
- Single, simple telephone number and website address as the “gateway” to service information throughout the state
- Caregiver support (expand overnight, weekend, other services)
- Lifelong Planning and Own Your Future initiatives
- Consumer access to services (AAA waiting lists)
- Maximize technology to support, maintain, and enhance complete and accurate database
- Focus on gaps in services, particularly areas that are preventive and cost-effective; consumer understanding of services available (AAA information, education, communication, marketing)
- Connections to other populations and programs within the community

Statewide Opportunities

- Increase Caregiver Supports such as respite care (overnight, weekend, and adult day care and day health services).

Of 769 baby boomers surveyed ages 50-60, 416 (54%) indicated that they plan to depend on members of their family for either provision of care or with assistance in making care and service-related decisions, if they are unable to care for themselves in the future.

- Increase Lifelong Planning and Own Your Future Initiatives!

This growing statewide collaborative helps mid-life and older consumers prepare holistically for a range of future needs and expenses – from living independently at home to maximizing choices in facility-based long-term care.

Of 815 baby boomers surveyed ages 50-60, only 34% of respondents say they already have or plan to have long-term care insurance; only 35% already have or plan to have an advance directive. Overall, most respondents (48%) expect their incomes in retirement to be less than 300% of the Federal Poverty Level (FPL), which is insufficient for private pay in an institutionalized setting. As of April 2007, the average nursing home private pay billing rate in Georgia is \$4,358.57 per month. 300% of the Federal Poverty Level is \$2,553 per month.

State Plan data collection can be viewed in its entirety within a separate Appendix document.

Mission, Vision, and Values

Mission

The Division of Aging Services (DAS), together with the Aging Network and other partners, assists older individuals, at-risk adults, persons with disabilities, their families and caregivers to achieve safe, healthy, independent and self-reliant lives.

Vision

Living longer, Living safely, Living well

Values of the Division

- **Strong Customer Focus:** We are driven by customer, not organizational, need. Our decisions involve our customers and include choice.
- **Positive Work Environment:** The Division maintains a learning environment with opportunities to increase professional growth, knowledge, and stimulate creative thinking. We share a sense of family.
- **Accountability and Results:** We are good stewards of the trust and resources that have been placed with us. We base our decisions on data analysis and strive for quality improvement.
- **Partnership:** We value our partners and actively pursue new partnerships and opportunities for collaboration.
- **Teamwork:** Teamwork is the way we do business. Our decision-making is shared and everyone's opinion is valued. From teamwork comes innovation, creativity and opportunity. We value collaboration and seek ways to include others.
- **Open Communication:** Communication is the lifeblood of organizations. Ours is open, two-way and responsive. We listen to our customers and partners and provide them accurate, timely information.
- **A Proactive Approach:** We anticipate the needs of our customers and advocate on their behalf.
- **Dignity and Respect:** We respect the rights and self-worth of all people.
- **Our Workforce:** Our workforce, including volunteers, are our best assets. We respect one another and treat one another with fairness and equity.
- **Trust:** We are honest with one another and with our customers. Compassion and Integrity underlies what we do and who we are.
- **Diversity:** We value a diverse workforce because it broadens our perspective and enables us to better serve our customers.
- **Empowerment:** We believe in self-determination for our customers. We support the right of our customers and workforce to make choices and assume responsibility for their own decisions.
- **Excellence:** There is a spirit of excellence. A visionary approach to management where we seek to do new and unique things, especially as

it relates to the needs of families.

Georgia's Aging Network

State Agency on Aging

The Georgia Department of Human Resources Division of Aging Services, as the State Agency on Aging [also commonly referred to as State Unit on Aging (SUA)], provides state leadership, manages contracts with area agencies on aging, administers federal and state funding, and provides the policy framework for programmatic direction and operations, standards, and guidelines for service delivery systems, quality assurance and training. DAS continuously seeks to improve the effectiveness and efficiency of the services provided to older adults and their families through the development of a comprehensive delivery system.

In administering, managing and coordinating programs and services for the elderly in Georgia, and their caregivers, DAS assures that preference will be given to the provision of services to older individuals with the greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals, and individuals living in rural areas.

DAS is made up of four functional sections: Elder Rights and Advocacy, Community Care Services Program (Medicaid waiver program), Adult Protective Services, and Program Development and Operations (Area Agency Support and Home and Community Based Services), and two administrative sections: Fiscal Administration and Planning and Evaluation. The Long-Term Care Ombudsman Program operates as a separate office within DAS.

State Agencies on Aging administering funds under Titles III and VII of the Older Americans Act of 1965, as amended, are required to develop and submit to the Assistant Secretary on Aging a State plan for approval under Section 307 of the Older Americans Act. The Georgia Department of Human Resources Division of Aging Services (DAS) has adopted a four-year State Plan on Aging for the period extending from October 1, 2007 to September 30, 2011.

The State Plan is based, in part, on Area Plans developed by the twelve (12) Area Agencies on Aging (AAAs) within the State, designated under Section 305. The agencies formulated their area plans using a uniform format developed by the State agency, in collaboration with the Area Agencies.

Area Agencies on Aging

Twelve (12) Planning and Service Areas (PSAs) and Area Agencies on Aging have been designated by DAS, with geographic boundaries that are similar to other state planning and service delivery regions. All community based services for older adults are coordinated through these agencies. Ten of the Area Agencies are housed within Regional Development Centers (RDCs), which are the units of general purpose local government to whom is given the right of first refusal for designation under the Older Americans Act. The remaining two agencies are free-standing, private non-profit organizations, both of which have 501(c)3 status with the Internal Revenue Service.

The AAAs are responsible for:

- assuring the availability of an adequate supply of high quality services through contractual arrangements with service providers, and for monitoring their performance;
- local planning, program development and coordination, advocacy, monitoring;
- developing the Area Plan on Aging and area plan administration, and resource development;
- working with local business and community leaders, the private sector and local elected officials to develop a comprehensive coordinated service delivery system;
- establishing and coordinating the activities of an advisory council, which will provide input on development, and implementation of the area plan; assist in conducting public hearings; review and comment on all community policies, programs and actions affecting older persons in the area.

A listing of Georgia's Area Agencies on Aging is encompassed within the State Plan. The chart on the following page depicts geographical boundaries of the Area Agencies on Aging within the State of Georgia.

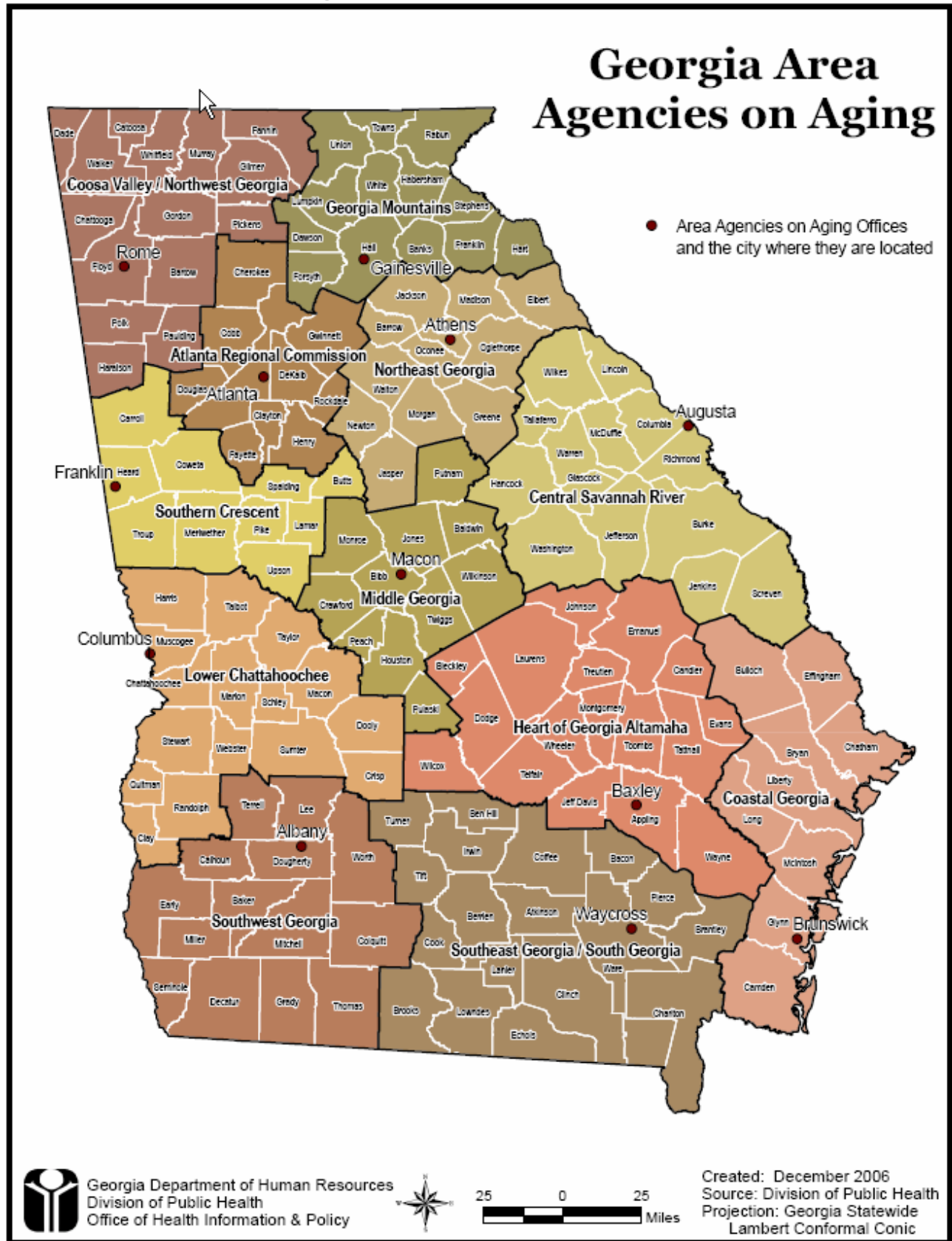
Georgia Council on Aging

The Georgia Council on Aging's primary mission is to serve in an advisory capacity to the Governor, the General Assembly, The Board of Human Resources, and all other state agencies on aging issues, and to advocate with and on behalf of aging Georgians and their families to improve their quality of life. CO-AGE (Coalition of Advocates for Georgia's Elderly) is convened by the Georgia Council on Aging. CO-AGE is a forum through which the concerns of older Georgians are identified and addressed. CO-AGE is a diverse coalition, comprised of both consumers and providers from throughout the state.

Advocates

The Aging Network is working to increase the level of additional advocacy on behalf of Georgia's elderly. The Aging Network consists of SUAs, AAAs, service providers, advocates, adult care centers, volunteers, and older adults – their families and caregivers. Through AAAs, meetings are held for seniors to talk with and educate their elected officials. Newly elected local officials are oriented about aging issues, and advocates help educate the community about aging concerns. Area Agency Advisory Councils also provide a forum for advocacy and education. Council members are charged with representing the Area Agencies and issues on aging and long term care to their communities, as well as communicating with the Area Agency about issues affecting their communities and professions.

Planning and Service Areas Overview



State Data and Demographics

Georgia Population Data Summary

PSA	60+ Population	60+ as % of Total Population	60+ Living Alone	60+ Living Alone as % of 60+ Population	60+ In Poverty	60+ In Poverty as % of 60+ Population	60+ Rural	60+ Rural as % of 60+ Population
1-Northwest Georgia	108,109	16%	26,964	25%	13,195	13%	55,208	51%
2-Georgia Mountains	72,183	16%	15,732	22%	9,680	14%	46,774	65%
3-Atlanta Region	349,329	10%	78,020	22%	30,955	9%	16,847	5%
4-Southern Crescent	60,357	15%	14,393	24%	7,554	13%	32,379	54%
5-Northeast Georgia	59,845	14%	13,972	23%	7,180	13%	34,339	57%
6-Lower Chattahoochee	54,692	15%	15,098	28%	8,288	16%	19,287	35%
7-Middle Georgia	66,985	15%	16,519	25%	8,003	13%	23,618	35%
8-Central Savannah	64,403	15%	16,659	26%	10,720	17%	24,159	38%
9-Heart of GA Altamaha	46,430	17%	12,822	27%	8,970	21%	30,889	67%
10-Southwest Georgia	57,850	16%	15,425	26%	10,179	18%	28,702	50%
11-Southeast Georgia	55,909	15%	15,002	27%	9,763	18%	29,966	54%
12-Coastal Georgia	74,988	14%	19,061	25%	9,525	13%	17,600	23%
State of Georgia Totals	1,071,080	13%	259,715	24%	133,955	13%	359,767	34%

Census 2000 Special Tabulation on Aging

PSA 1 – Northwest Georgia	Bartow, Catoosa, Chattooga, Dade, Fannin, Floyd, Gilmer, Gordon, Haralson, Murray, Paulding, Pickens, Polk, Walker, Whitfield
PSA 2 – Georgia Mountains	Banks, Dawson, Forsyth, Franklin, Habersham, Hall, Hart, Lumpkin, Rabun, Stephens, Towns, Union, White
PSA 3 – Atlanta Region	Cherokee, Clayton, Cobb, Dekalb, Douglas, Fayette, Fulton, Gwinnett, Henry, Rockdale
PSA 4 – Southern Crescent	Butts, Carroll, Coweta, Heart, Lamar, Meriwether, Pike, Spalding, Troup, Upson
PSA 5 – Northeast Georgia	Barrow, Clarke, Elbert, Greene, Jackson, Jasper, Madison, Morgan, Newton, Oconee, Oglethorpe, Walton
PSA 6 – Lower Chattahoochee	Chattahoochee, Clay, Crisp, Dooly, Harris, Macon, Marion, Muscogee, Quitman, Randolph, Schley, Stewart, Sumter, Talbot, Taylor, Webster
PSA 7 – Middle Georgia	Baldwin, Bibb, Crawford, Houston, Jones, Monroe, Peach, Pulaski, Putnam, Twiggs, Wilkinson
PSA 8 – Central Savannah River	Burke, Columbia, Glascock, Hancock, Jefferson, Jenkins, Lincoln, McDuffie, Richmond, Screven, Taliaferro, Warren, Washington, Wilkes
PSA 9 – Heart of Georgia Altamaha	Appling, Bleckley, Candler, Dodge, Emanuel, Evans, Jeff Davis, Johnson, Laurens, Montgomery, Tattnall, Telfair, Toombs, Treutlen, Wayne, Wheeler, Wilcox
PSA 10 – Southwest Georgia	Baker, Calhoun, Colquitt, Decatur, Dougherty, Early, Grady, Lee, Miller, Mitchell, Seminole, Terrell, Thomas, Worth
PSA 11 – Southeast Georgia	Atkinson, Bacon, Ben Hill, Berrien, Brantley, Brooks, Charlton, Clinch, Coffee, Cook, Echols, Irwin, Lanier, Lowndes, Pierce, Tift, Turner, Ware
PSA 12 – Coastal Georgia	Bryan, Bulloch, Camden, Chatham, Effingham, Glynn, Liberty, Long, McIntosh
Source:	Census 2000 Special Tabulation Part A – Population Characteristics 2004. Sponsored by the Administration on Aging, U.S. Department of Health and Human Services; AoA Region IV

Population by Age Group: July 1, 2006									
Geography	All Ages	50+	55+	60+	65+	70+	75+	80+	85+
United States Total (50 States + DC)	100.0%	29.8%	23.0%	16.9%	12.4%	9.0%	6.1%	3.7%	1.8%
Georgia	100.0%	26.3%	19.7%	13.9%	9.7%	6.7%	4.4%	2.5%	1.2%

Profile of the General Demographic Characteristics for the United States and Georgia: 2000									
Geography	Total Population	60 to 64 years	65 to 74 years	75 to 84 years	85 years and over	60 years and over	65 years and over	Percent 60+	Percent 65+
US Total	281,421,906	10,805,447	18,390,986	12,361,180	4,239,587	45,797,200	34,991,753	16.3%	12.4%
Georgia	8,186,453	285,805	435,695	261,723	87,857	1,071,080	785,275	13.1%	9.6%

Percent of Persons 60+ By Race and Hispanic Origin - 2006								
Geography	Total 60+	Persons Not Hispanic or Latino						Hispanic/Latino (may be of any race)
		Black/African American	American Indian/Alaskan Native (Alone)	Native Hawaiian/Pacific Islander (Alone)	Asian (Alone)	Two or more Races	White (Alone – Non-Hispanic)	
US Total (50 States + DC)	100.0%	8.5%	0.5%	3.3%	0.1%	0.6%	80.2%	6.8%
Georgia	100.0%	20.5%	0.2%	1.8%	0.0%	0.5%	75.0%	2.1%

Age by Types of Disability for the Civilian Non-institutionalized Population 65 Years and Over with Disabilities							
Note: A person may have more than one disability							
Data Set: Census 2000 Summary File 3 (SF3) – Sample Data							
Geography	Civilian non-institutional population 65 years and over	Persons with any disability	Persons with Sensory disability	Persons with Physical disability	Persons with Mental disability	Persons with Self-Care disability	Persons with Go-outside-home disability
		Number	Number	Number	Number	Number	Number
US Total (50 States + DC)	33,346,626	13,978,118	4,738,479	9,545,680	3,592,912	3,183,840	6,795,517
Georgia	754,654	358,545	119,668	256,057	107,051	89,319	182,589
Georgia Percent		47.5%	15.9%	33.9%	14.2%	11.8%	24.2%

Age by Types of Disability for the Civilian Non-institutionalized Population 65 Years and Over with Disabilities for Each State							
Note: A person may have more than one disability							
Data Set: Census 2000 Summary File 3 (SF3) – Sample Data							
Geography	Civilian non-institutional population 65 years and over	Persons with any disability	Persons with Sensory disability	Persons with Physical disability	Persons with Mental disability	Persons with Self-Care disability	Persons with Go-outside-home disability
		Percent	Percent	Percent	Percent	Percent	Percent
US Total (50 States + DC)	33,346,626	41.92%	14.21%	28.63%	10.77%	9.55%	20.38%
Georgia	754,654	47.51%	15.86%	33.93%	14.19%	11.84%	24.20%

Projections of the Population by Age 1990 to 2030					
Ages 65 and Up	1990	2000	2010	2020	2030
Georgia	654,270	785,275	980,824	1,409,923	1,907,837
Increase by each 10 year period		131,005	195,549	429,099	497,914
Percent increase by each 10 year period		20.02%	24.90%	43.75%	35.31%
Increase with 2000 as base		0	195,549	624,648	1,122,562
Percent increase 2000 to 2030					142.95%
http://aoa.gov/prof/Statistics/future_growth/State-5-yr-age-projections-2005-2030.xls					

Projections of the Population, by Age, 1990 to 2030 (in thousands)					
Georgia	1990	2000	2010	2020	2030
ages 0 – 4		595	731	817	923
ages 5 – 17		1574	1772	2020	2224
ages 18 – 24		838	976	1050	1171
ages 25 – 64		4394	5130	5546	5792
ages 65 and up		785	981	1410	1908
Total population		8186	9589	10844	12018
65+ as a percent of total		9.59%	10.23%	13.00%	15.88%
Percent in percent of total 2000 to 2030					60.39%
http://aoa.gov/prof/Statistics/future_growth/State-age-projections-2005-2030-full-dataset.xls					

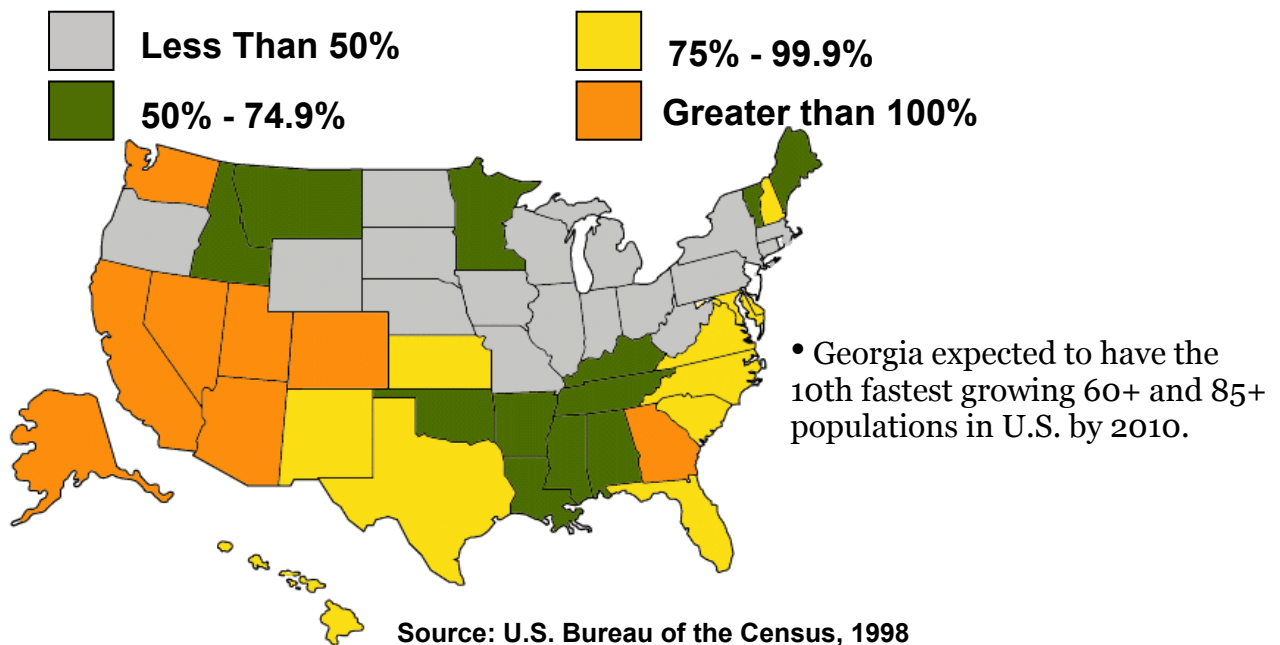
Additional Aging Trends in Georgia

- Georgia's population ages 60 and above is expected to increase 76.3% between 1990 and 2010.
- During the 20th century, the number of Georgians age 60 and above increased ten-fold, compared to a four-fold growth in the population overall.
- Georgia continues to be a young state compared to the nation. Although the median age continues to rise, it is lower than all but five states. This is due to several factors. Georgia has a higher minority population than the national average. These groups have higher birth rates and lower median age than the non-Hispanic white population. Also, Georgia's high level of migration from other states is concentrated in younger population age cohorts. This is demonstrated by the fact that Georgia has a higher percentage of its population in the 25 to 44 age group than the national average (32.4 percent versus 30.2 percent). Only two states, Alaska and Colorado, have a higher percentage of their population in this group.

Number of Seniors Soaring

Georgia is expected to have the fastest-growing senior population, by percentage, of any state east of Colorado.

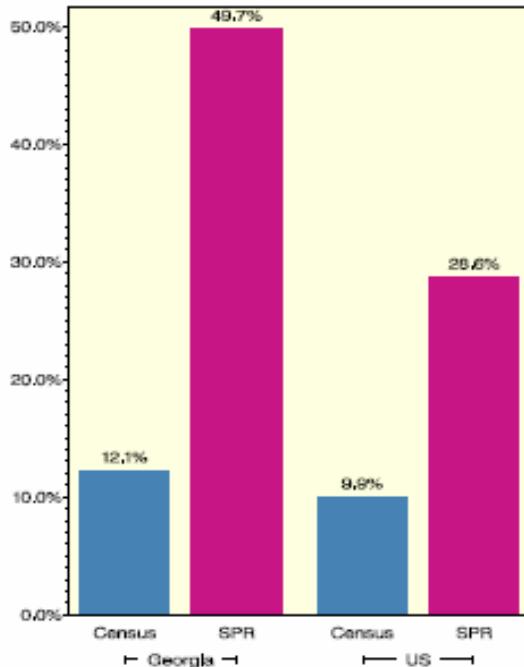
Projected Growth of the population ages 65 or older, 1993-2020



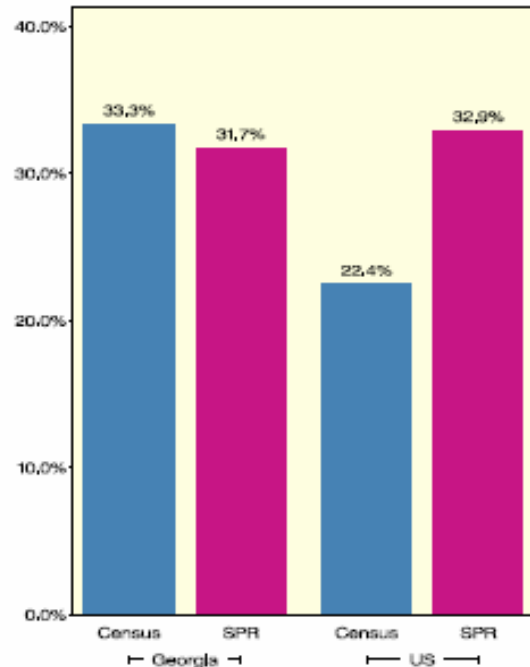
- As indicated by the 2005 State Program Report (SPR) data on the following page, Georgia is serving more impoverished seniors that have a higher variation of ethnicity and impairment of three or more activities of daily living such as bathing, dressing, preparing meals, feeding themselves, toileting, or getting out of bed. The 2005 SPR shows a slight decrease in the population of rural seniors served.

2005 State Program Reports (SPR)
Selected Measures Compared to Census
Georgia

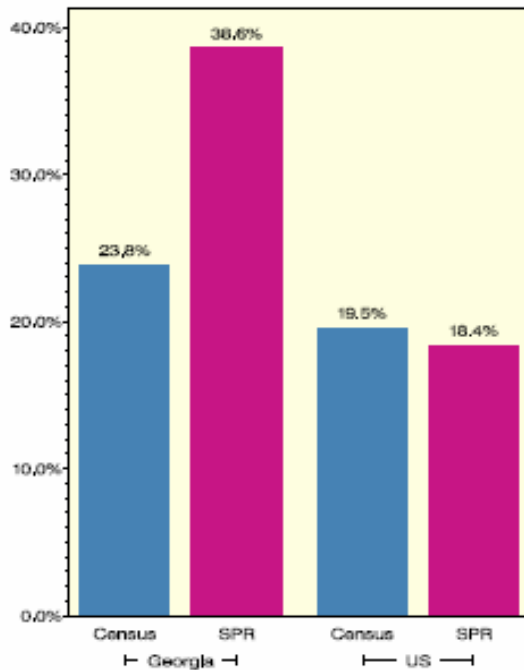
Seniors In Poverty



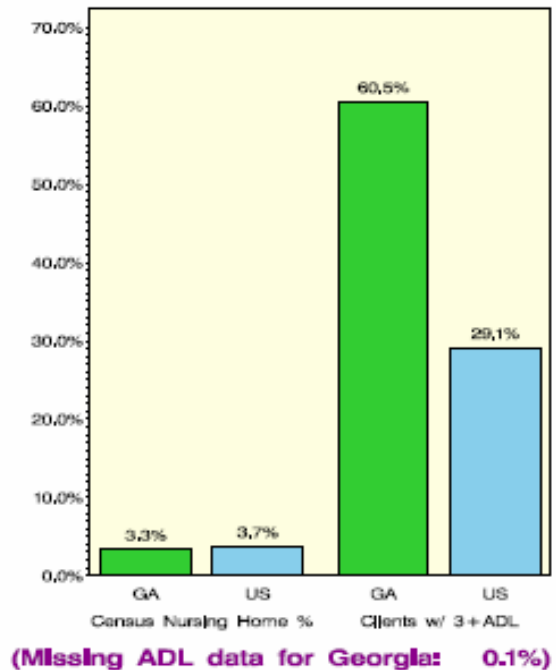
Rural Served



Minority Seniors



Serving Severely Disabled Seniors



Data Sources

Census Poverty/Minority % from 2005 American Community Survey; Rural/Nursing Home % from 2000 Census
SPR % from State Program Report for Titles III and VII for FY 2005

Aging Information Management System (AIMS) NAPIS Data Collection

The Aging Information Management System (AIMS) is the web-based, consumer-centered tracking, accountability and payment system that documents all aging services contracted between the Division of Aging Services, the twelve (12) Area Agencies on Aging (AAAs), and the network of contract service providers. AIMS is a relational database, maintained on an Oracle platform, that provides for centralized data collection regarding planning and contracting, authorizing providers and services, tracking client data, and generating programmatic data that drives reimbursements for AAAs and service providers.

AIMS is developed and maintained by the Georgia Department of Human Resources Division of Aging Services and the DHR Office of Information Technology (OIT) with assistance from our partners - the AAAs and Aging Network providers. This system enables consumers and payments for all programs and services to be tracked over time and indicates how the aging network can more effectively and efficiently serve consumer needs. AIMS data is utilized to provide State Program Reports (SPR) data for Title III and VII services of the Older Americans Act which is a component of the National Aging Program Information Systems (NAPIS).

AIMS, nationally recognized as one of four (4) best practice system models by the National Association of State Units on Aging (NASUA), enables the Division to manage the aging network using data to provide positive outcomes for Georgia's growing senior population.

Aging and Disability Resource Connection Gateway

Over the past ten years, the Georgia Aging Network has established the Gateway System to facilitate local access to information and services for older adults and their caregivers, promote informed personal choice and dignity, and promote the use of high quality and cost-effective services. This “no wrong door” entry system for older adults and their families is consumer-focused and continues to be an evolving endeavor in Georgia. Building on this infrastructure and in keeping with the federal vision to provide streamlined access to all consumers needing long-term care support, the Gateway System has been expanded to integrate the functions of the Aging and Disability Resource Connections (ADRCs).

The ultimate vision is to have integrated Resource Connection sites in all twelve planning and service areas (PSAs) to serve as highly visible and trusted places where people can turn for information on the full range of long-term support options. In order to achieve this vision a three-tiered approach is underway.

Phase One

State policy and standards require that Gateway staff become certified information and referral specialists (CIRS) through the National Alliance of Information and Referral Specialists (AIRS). Across the state seniors and their caregivers contacting the Gateway can receive information and referral to privately and publicly funded community resources as well as be screened for both the Community Care Services Program and non-Medicaid home and community-based services.

Phase Two

Area Agencies on Aging (AAA) sites will enhance their Gateway system by adding coordinated information that contains public and private pay community and long-term care resources for individuals with developmental disabilities (DD). This will be accomplished through a partnership between the AAAs and the DHR Mental Health, Developmental Disabilities and Addictive Diseases (MHDDAD) regional offices, which together will serve as the ADRC.

Additionally, during Phase Two, all twelve regions in the state will form local Aging and Disability Coalitions made up of consumers, professionals and service providers to address the unmet needs of the aging and disability populations by devising strategic action plans. The goal is to add an additional three sites each year (five are currently in existence), if state appropriations continue to be made available, having twelve ADRCs in place by June 2010.

Phase Three

During the final phase of the plan, ADRC sites that have become operational for aging and DD consumers will begin to expand the model to include the coordinated provision of information and assistance services to individuals with physical disabilities.

The goal is to have the first two ADRC sites fully operational with all three populations

by June 2008. The three sites that were added in 2006 are projected to be fully operational by December 2009 with all additional sites scheduled to complete the three phases of the plan by their third year in operation.

Embedded within each phase of the ADRC rollout is a marketing plan aimed at taking steps to become the *visible* place for information in the local community. As part of the ADRC initiative to streamline access to long-term care, DAS partnered with the DHR Division of Family and Children Services (DFCS) and the Department of Community Health (DCH) to develop an online Medicaid form that provides easy access for aged, blind and disabled consumers to apply for Medicaid benefits.

Performance Objectives:

In order to ensure the ADRCs are providing quality consumer-focused services, the State contracted with an evaluator from the Rollins School of Public Health at Emory University to develop a consumer satisfaction instrument. The Georgia Consumer Satisfaction Survey (GCSS) will be administered to a 15% random sample in all ADRC sites for at least four quarters, as new consumer populations are served, with a 10% yearly sample ongoing.

In addition to the consumer satisfaction surveys used at the ADRC pilot sites, Georgia has established a three-pronged approach to measure performance and policy compliance of the Gateway program at all twelve of the AAAs, which includes:

- A generalized consumer satisfaction survey used across the state to measure accessibility, visibility and staff responsiveness. Consumers from all AAAs were surveyed in the fall of 2006 to obtain baseline data.
- A review guide for Gateway services, which covers the responsibilities of the Area Agency in administering Gateway services, was developed and will be used by the Division of Aging Services staff to review Area Agency compliance and performance starting in calendar year 2007.
- A “secret shopper” program was developed to examine accessibility and staff responsiveness and knowledge at each of the Area Agencies. Using a set of specifically developed scripts, trained volunteers have placed a series of calls to the Gateway in each of the twelve areas and utilizing a monitoring scorecard will rate the experience from a consumer perspective. Results and feedback will be provided to the AAAs upon completion of the compilation and analysis of the data.

AAA Areas of Emphasis:

- Improve staff knowledge by devising training modules and instructing staff on cross-referral procedures to access services.
- Improve access by increasing marketing through: publication of a resource directory; creation of brochures, mailings, and a newsletter; hosting Lunch-N-Learns for community agencies.
- Expand mobile Adult Day Health to additional rural counties.
- Creation of standards of promptness for intake and screening processes to increase consumer satisfaction and decrease delays in service areas.

Older American Community Services Employment Program

The Older American Community Services Employment Program (OACSEP) or the Community Service Senior Opportunities Act, as renamed by the FFY2006 Older Americans Act Reauthorization, is better known as the Senior Community Service Employment Program (SCSEP). SCSEP provides useful part-time community service assignments and training for unemployed, low income older Georgians, aged 55 and over, and helps them obtain paid employment. SCSEP is authorized under Title V of the Older Americans Act and is administered by the Department of Labor.

Reauthorization of the Older Americans Act (OAA) has taken a measurable data emphasis by establishing five key measures in statute to indicate the effectiveness of the program. They are: 1) number of persons served, 2) community services provided, 3) unsubsidized public or private placement into employment, 4) targeting services to those most in need, and 5) satisfaction of the participants, employers, and host agencies.

Over the next four years, the Area Agencies on Aging (AAAs) will focus on the metrics below:

1. SCSEP Unsubsidized Employment Placement
Annual Goal: 42% of program participants obtain unsubsidized employment and are final during the reporting period. Georgia achieved 38% of the 42% metric. For the next four (4) state fiscal years, the State Maximum Employment Goal will be 38%.
2. SCSEP Retention
Annual Goal: 80% of program participants will be placed in unsubsidized employment in which the retention outcome became final during the reporting period. The retention goal of 80% was met.
3. Service to the Most-in-Need
Annual Goal: 71% of program participants are active on the last day of the reporting period or who exited during the reporting period who meet the following criteria of age 60 and over and:
 - Income at or below the poverty level;
 - Physical or mental disability;
 - Language barrier or limited English proficiency (LEP);
 - Cultural, social, or geographic isolation;
 - Poor employment history or prospects;
 - Homelessness; or
 - Other social barriers67% of all participants met the most in need common measure.
4. Service Level
Annual Goal: 162% of the AAAs' modified slot level or number of program participants who are active on the last day of the reporting period or who exited during the reporting period. Georgia's State Service Level was 172%.
5. Customer Satisfaction for employers, participants, and host agencies.

Home and Community Based Services

The Home and Community Based Services (HCBS) program makes available a variety of services to individual consumers, and to groups of consumers, to support and assist older Georgians (and their caregivers, when present) in maintaining their independence in their homes and communities. These services support older persons and their families in living longer, living safely and living well. In SFY 2006, 36,793 individual older adults, including caregivers, received one or more HCB individual services.

The Division of Aging Services, in partnership with Area Agencies on Aging and their provider organizations, provide a wide array of support to older persons living alone, as well as to family caregivers of older persons. These services include:

- ✓ **In-Home Services** include Emergency Response Installation and Monitoring, Friendly Visiting, Respite Care, Homemaker, Chore and Personal Care assistance.
- ✓ **Access Services** include Gateway and Information & Assistance, Case Management, Outreach and Transportation.
- ✓ **Other HCB Services** include individual services for Nutrition Assistance (congregate and home delivered meals, education, counseling), Counseling, Home Management, Home Modification and Repair, Adult Day Care/Health, Home Sharing and Roommate Match, Material Aid, and Telephone Reassurance.
- ✓ **Group Service** activities include Community and Public Education, Counseling, Material Aid, Senior Recreation and Volunteer Development.

AAA Areas of Emphasis:

- Provide home modifications and assistive devices to promote independence and increased ability to self-care.
- Implement Case Management for frail and/or vulnerable adults and for supportive services that improve and maintain the functional capacity of older adults and persons with disabilities, and their caregivers.
- Measure consumer satisfaction with Home Delivered and Congregate Meals through satisfaction surveys.
- Monitor satisfaction levels with In-home services such as: Homemaker, Personal Care, In-home Respite, and Adult Day Care services through surveys.
- Increase compliance with service orders generated from care plans between case managers and service providers for the following services: Homemaker Service, Personal Care Services, Emergency Response, Case Management and Respite.
- Strengthen service providers and the existing aging services through systems monitoring and evaluation, strategic planning, and implementation of Quality Improvement Plans (QIPs) that are based upon the Malcolm J. Baldrige Criteria of Performance Excellence.

Case Management

Georgia has implemented a standardized assessment instrument that is used to determine a person's functional abilities and needs for care. The case management system is a comprehensive access system that consists of not only the intake, screening and referral processes, but a systematic approach to case management, also referred to as care coordination. It will use the same core assessment instrument used by Gateway staff for intake and screening, the Determination of Need-Revised (DON-R), which measures functional impairment and need for care, to assess consumers and develop individual care plans, based on consumers' needs and preferences.

The Division of Aging Services, through policy development, has issued standards and guidelines for Area Agencies on Aging and provider organizations for the development and implementation of Case Management services for consumers of non-Medicaid Home and Community Based Services. Building upon the single entry point (Gateway), which was a strategic objective for the SFY 2004-2007 State plan, the Area Agencies will continue to leverage the resources that they already have committed to that function to begin providing case management assistance to appropriate consumers. This initiative begins in SFY 2008 and continues throughout the upcoming plan cycle and beyond.

Desired consumer outcomes which will be measured include:

- Continued independence through interdependence on support systems and services: *the number and % of consumers who continue to live in their homes and communities as a result of case management interventions*
- Sustained or improved quality of life, as perceived by the consumer: *the number and % of consumers who receive(d) case management support who respond positively to a quality of life survey (to be selected)*
- Continued ability to perform daily activities as desired: *the number and % of consumers who can perform ADL and IADL activities (assessment data).*
- Continued ability of caregivers to provide support : *the number and % of caregivers who continue to provide care*
- Consumer satisfaction with case management assistance: *the number and % of consumers/caregivers who respond positively to a case management consumer satisfaction survey.*

Goals of case management include:

- Maintaining the greatest possible amount of independence and dignity for each person
- Enabling people to remain in the most appropriate environment
- Providing an appropriate, comprehensive and coordinated response to the person's needs that addresses prevention, as well as restoration of abilities, if possible, and maintenance
- Serving as an integral link to increase access to community based services by helping consumers navigate the service system, providing encouragement, information and teaching the skills necessary for a consumer to obtain and use a service
- Building and strengthening family and community support
- Improving availability and quality of services
- Containing costs by assuring use of appropriate services as determined

- through the individual care planning process
- Serving as a consistent advocate for individuals, as well as groups, to develop services and resources which are responsive to their needs.

In SFY 2008, Division staff will begin working with the Area Agencies to develop their strategies for implementing case management assistance in their regions. The Division has developed several models of case management that agencies can use to address short-term, time limited need for assistance, to a more traditional, long term support role. The models also include levels of case management support, based on data obtained from the core assessment, plus the consideration of several additional data points which will help to determine the level of risk of the consumer losing her independence if case management assistance is not made available.

Caregiver Services

With Caregiver Services for Home and Community Based Services, DAS and the Aging Network assist older individuals, at-risk adults, persons with disabilities, their families and the estimated 800,000 family caregivers in the state to achieve safe, healthy, independent, and self reliant lives. This includes over 92,000 grandparents raising grandchildren.

Respite

The need for respite for families continues to rank high, as evidenced by waiting lists within AAA regions. DAS's desired consumer outcome is an increase in both the number and type of respite programs available around the state.

To reach this goal, DAS will use a multi-faceted strategy for meeting this goal:

- 2.7 million dollars in additional state funds were requested from the Georgia General Assembly for in-home respite and has been approved. Funds will be available in SFY08.
- The Mobile Adult Day Care program, Georgia's innovative concept of providing adult day care, where the staff travel from one location to another to provide needed services, continues to be expanded. Beginning in SFY08, two additional sites will be opened, for a total of eleven sites around the state within five AAA regions. Mobile Day Care has been highlighted in a number of best practice reports, featured in *Older American Reports*, at a United States Special Committee on Aging hearing, and recognized by the Archstone Foundation and the American Public Health Association.
- Congregational Respite has been developed with faith-based organizations that are trained to begin their own day care or in-home respite programs. Five new day care programs and ten support teams have been developed by congregations across the state within four AAA regions since SFY07.

Self Determination Programs

The Georgia Division of Aging Services was awarded a three-year National Family Caregiver Support Program (NFCSP) innovations grant in 2001 to develop and evaluate a self-directed voucher care project for the non-Medicaid older population in rural areas of the state. As of July 1, 2007, there are four consumer-directed programs for family caregivers (which are known as "self-directed care" programs in Georgia) in 59 counties (37 % of the state's counties), representing rural communities, mountain regions, urban and mid-sized cities, serving 424 caregivers.

With a desired outcome of increasing the number of self determination programs around the state, a fifth self-directed care program is planned for 2007-2008 to be offered under the state's HCBS Medicaid waiver program, the Community Care Services Program (CCSP).

Georgia's self determination program has been highlighted in a best practice report prepared by the AARP Public Policy Institute and the Family Caregiver Alliance, and has been designated as Program Champion and listed on the website for the U.S.

Administration on Aging. DAS has developed a manual to assist other states in developing self determination programs, and it can be downloaded from the Division's website at <http://aging.dhr.georgia.gov/portal/site>.

Caregiver Education and Training

DAS, in collaboration with the University of Georgia (UGA) Cooperative Extension program, will bring the *Powerful Tools for Caregivers* curriculum to Georgia. DAS' desired outcomes are to make available increased numbers, formats, and types of content of caregiver education/training curricula to assist family caregivers. In order to achieve this, beginning in the fall of 2007, DAS and UGA Extension will sponsor the first of several Train-the-Trainer events in Georgia. Persons who take the class will be certified to teach the class to family caregivers.

Caregiver Assessment

Over the past two years, eight of Georgia's AAAs have assisted Dr. Rhonda Montgomery and colleagues from the University of Wisconsin in developing the Uniform Caregiver Assessment and Referral process, called UCARE. The UCARE process includes a set of tools and resources to guide care managers through a five-step caregiver assessment and referral process leading to individualized care plans, which DAS believes will enable care managers to provide the right service at the right time, and in a manner acceptable to both the caregiver and care receiver.

Desired outcomes from using the UCARE process include:

- Decreased levels of burden for caregivers
- Decreased levels of depression for caregivers
- High level of compliance with care plan
- Increased satisfaction with services

AAA Areas of Emphasis:

- Reduce stress by identifying overburdened caregivers for referral to resources or support services using the Montgomery Caregiver Burden Scale.
- Provide In-home respite vouchers.
- Advocate and educate elected officials about the impact of caregiving on the workforce, business, and the economy.
- Provide Alzheimer's and dementia caregiver relief and support programs, including respite and day care.
- Increase care plans that meet client and caregiver needs.
- Increase caregiver satisfaction with support services provided by the Family Caregiver Program.

Kinship Care

According to the 2000 US Census, over 92,000 grandparents and other relatives raising children were financially responsible for their relative children under the age of 18 in Georgia. The term “kinship care” has been used through out the state of Georgia to reference relatives who are raising related children that are not biologically their own. These relatives include great-grandparents and grandparents raising grandchildren, aunts and uncles raising nieces and nephews, cousins, and other adult relatives raising children.

With the continued rise in relative caregiver and grandparent-headed households, Georgia’s aging network provided supportive services for relative caregivers, of any age, for the first time in SFY 2006. During SFY 06, the core supportive services included information and assistance, support groups, and community public education. Other expanded services include respite care (which includes summer camp programs) material aid, tutoring, parent education training, and recreational events.

Collaborative Programs

The Division of Aging Services is contracting with the Atlanta Legal Aid Society, Inc., and the Georgia Legal Services Program to provide an array of **legal services to relative caregivers**, including the provision of legal advice to and representation of relative caregivers in matters concerning adoption, custody, housing, public benefits, and special education needs of children.

The **Kinship Care Navigator Program** places grandparents and relative caregivers in metro-Atlanta Department of Family and Children’s Services (DFCS) offices, Local Public Health districts and Office of Child Support Services (OCSS) county offices to help other relative caregivers to navigate the requirements of the social service and public benefits systems, better understand what resources are available, and more readily access services.

Program outcomes of the kinship care program are measured through the kinship care satisfaction survey, which is a self-reported program measurement and analysis tool for overall program satisfaction and benefit.

Desired outcomes are the following:

- Goal: Increase Consumer satisfaction with the kinship care program:
Measure: the number and % of kinship caregivers who would recommend the kinship care program to others in the same situation; the number and % who plan to continue.
- Goal: Sustain or improve quality of life:
Measure: the number and % of kinship caregivers who feel less stress than they used to as a result of program participation, and the number and % who are enjoying life more.
- Goal: Continue independence and self-sufficiency:
Measure: the number and % of kinship caregivers who know more about resources and who to get services for themselves and the children in their care, and the number and % of kinship caregivers that will be able to continue raising

the children in their care.

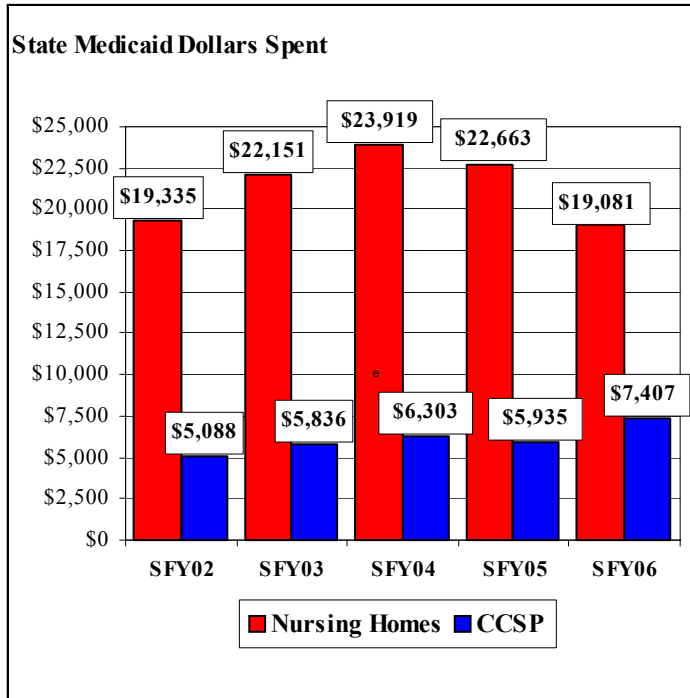
- Goal: Decrease caregiver burden:
Measure: number and % of kinship caregivers who are better able to cope with caring for the children in their care since the involvement of kinship care services and activities.

AAA Areas of Emphasis

- Promote marketing of Kinship Care Support Groups and Services
- Increase Kinship Care Awareness through legal assistance for senior citizens rearing a minor child.
- Complete Depression Scale Tool and Caregiver Burden Scale upon request for services with follow-up assessment every six months and annually after admission/attendance of services to monitor if a decrease occurs in the Caregiver Burden Scale.
- Expand customer satisfaction through surveys.
- Establish region wide support groups and supportive services.
- Increase satisfaction with programs in which grandchildren are referred to summer camps.

Community Care Services Program (CCSP)

The Community Care Services Program (CCSP) is approved and funded pursuant to Title XIX of the Social Security Act, as a federal Medicaid 1915(C) Waiver for Home and Community-Based Services. The waiver must be reviewed and approved for renewal every five years by the Centers for Medicare and Medicaid Services (CMS). The Georgia Department of Human Resources Division of Aging Services operates and manages the CCSP through an inter-agency agreement with the Georgia Department of Community Health (DCH) Division of Medical Assistance (DMA). Provider agencies render services in the clients' homes, licensed personal care homes, or adult day health facilities.



Ninety percent of consumers assessed chose the CCSP.

Dollars Saved SFY06

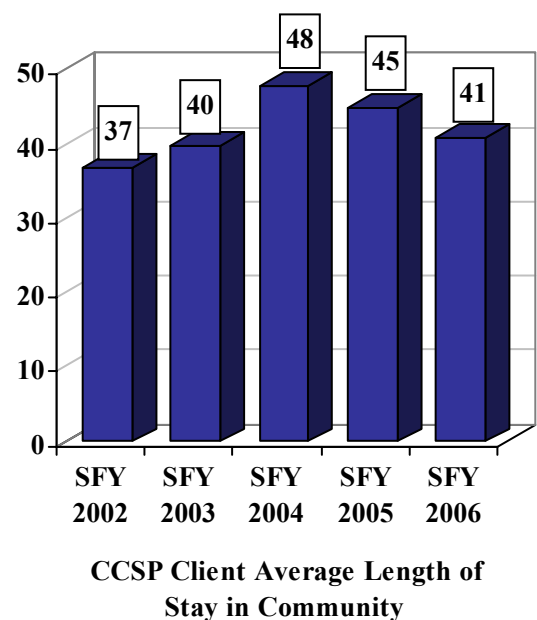
CCSP saved Georgia taxpayers \$11,674 in state Medicaid dollars per consumer served, for a total cost savings of over \$169 million.

CCSP services allowed 14,534 Georgians to stay out of nursing facilities.

Consumers Served

Fifty-five percent of CCSP clients were 75 years of age or older; 28% were 85 or older, and clients 100 years of age or older in SFY 2006 totaled 179 (1%). Nineteen percent were under 60 years of age.

In SFY 2006, comprehensive care coordination allowed clients' needs to be met so that they remained in the community, an average of 41 additional months. In 2006, 503 consumers chose to withdraw from the CCSP due to estate recovery.



Clients served through the CCSP must meet the same medical, functional, and financial criteria for placements in a nursing facility. A physician certifies that the individual's needs may be met by the CCSP and available community resources.

CCSP Services

- ✓ Adult Day Health (**ADH**) – RN oversight, therapeutic and support services in a day center
- ✓ Alternative Living Services (**ALS**) – 24-hour personal care, health-related support services and nursing supervision in a licensed personal care home
- ✓ Emergency Response Services (**ERS**) – 24-hour electronic medical communication support system
- ✓ Home Delivered Meals (**HDM**) – meal delivery services
- ✓ Home Delivered Services (**HDS**) – skilled nursing services and personal support in client's home
- ✓ Personal Support Services (**PSS**) – personal care, support, and respite services in client's home
- ✓ Out-of-Home Respite Care (**OHRC**) – temporary relief for the individual(s) normally providing care

Initiatives for CCSP from the State Agency on Aging include:

- Establishing a baseline satisfaction score for provider satisfaction with care coordination, State and Area Agencies on Aging (AAAs) staff.
- Participation in the secret shopper assessment of the Gateway process.
- Development of clinical and provider measurements regarding the quality, effectiveness, and efficiency of CCSP services.

AAA Areas of Emphasis

- Increase customer satisfaction for clients and caregivers receiving CCSP In-home services through surveys.
- Initiate Quality Improvement Plans (QIPs) to develop recommendations for care coordination.
- Provide case management for In-home services for frail and vulnerable adults with chronic medical conditions.
- Provide education to consumers regarding the importance of flu vaccinations as well as increase the number of vaccinations received by consumers.
- Increase consumer satisfaction scores for providers through surveys.
- Develop marketing strategy to increase awareness of CCSP in the Asian community.

Nutrition and Wellness Programs

"Living Longer, Living Well" – The Nutrition and Wellness Programs are aimed at increasing the ability of older adults to perform everyday activities and remain in their own homes. Activities focus on health promotion and disease prevention. Services are designed to improve nutrition and health status, increase functional abilities, promote safety at home, avoid or delay problems caused by chronic diseases and enhance quality of life.

The Division of Aging Services partnered with the Area Agencies on Aging, senior centers, the Division of Public Health (DPH) and local health departments to develop and implement the Georgia Senior Farmers' Market Demonstration Project. The project's goal is to improve access to and increase consumption of fresh, locally-grown fruits and vegetables, while providing nutrition education, including health benefits of consuming fruits and vegetables, healthy meal plans, recipes, cooking, freezing, canning demonstrations and more.

In July 2007, DAS received official notification that Georgia has been selected to receive funding from the United States Department of Agriculture (USDA) Office for the Senior Farmers' Market Program for the first time ever. The Farmers' Market Demonstration Project (2006) served 2,200 low-income Georgians aged 60 and older this year and promoted Georgia agriculture and local farmers. Five Area Agencies hosted the project.

Evidence-Based Strategies:

The Division of Aging Services, in partnership with AAAs, senior centers, the University of Georgia, the Division of Public Health and other public/private sector agencies joined to implement the "Live Healthy Georgia- Seniors Taking Charge" Community Intervention. The goal of the Community Intervention is to improve physical activity, nutrition awareness, and diabetes self-management skills of older adults in order to help them prevent and manage chronic disease and remain living independently in their homes.¹ The intervention has been implemented in all 12 Planning and Service Areas of Georgia. The intervention evaluation was based on the survey responses of 815 older consumers who participated from 40 senior center sites.

At the completion of the first year of this intervention:

- 67% of participants had added one or more servings daily of fruits and vegetables,
- 40% had added 10 additional minutes of daily physical activity,
- 47% had added 1 inch or more to their reach forward from a seated position,
- 30% showed improved walking speed, and
- 44% lowered their risk of nursing home placement through enhanced physical functioning.

In SFY 2007-2008, the community intervention program is being expanded to include heart health and fall prevention/osteoporosis. Once again, the intervention will include a pre and post-testing component and will focus on self-management related outcomes that include physical functional testing. DAS is also developing strategies to disseminate

information related to the implementation and evaluation of evidence-based programs on nutrition, physical activity, chronic disease self-management, and fall prevention to AAAs and other community-based organizations.

AAA Areas of Emphasis

- Improve self-management of diabetes through an expansion of the information and screening processes that involves consumer education.
- Provide nutrition education regarding chronic diseases such as Congestive Heart Failure, Hypertension, and Diabetes to senior centers.
- Administer pre and post test to determine clients that are eating more fruits and vegetables; less fried foods and fats, and more foods with calcium and/or taking a supplement with calcium or Vitamin D.
- Rate consumer satisfaction levels with nutrition, exercise, and medication management.
- Measure the number/percent of consumers who increase upper body strength and flexibility
- Increase the number/percent of nutrition site managers who have received food safety training and examination.
- Increase number/percent of seniors carrying a medical alert card; provide pill boxes to reduce error of medications; and teach classes on medication management.
- Increase private donations/funds to be utilized for dental care.

The Division of Aging Services worked with the University of Georgia to develop and launch the web site, **“Live Well, Age Well”**. The website, <http://www.livewellagewell.info/> provides information on healthy living for people aged 50 and older, and their families and caregivers.

Prevention of Abuse, Neglect and Exploitation

The Division of Aging Services is responsible for implementing and coordinating programs related to the prevention of abuse, neglect and exploitation (ANE). As the

State Unit on Aging, DAS recognizes the need for the development of a coordinated, multidisciplinary system that promotes collaborative efforts, creates cross-cutting approaches, and develops strategic plans for the prevention, detection, assessment, and treatment of, intervention in, investigation of, and response to elder ANE. Therefore, DAS has created an Abuse, Neglect and Exploitation Multidisciplinary Team whose mission is to improve the recognition of and response to the various forms of abuse perpetrated against older, vulnerable adults. The Team includes –

- The DAS Forensic Specialist
- Representatives from DAS Adult Protective Services, Elder Abuse Prevention, Elderly Legal Services, Long Term Care Ombudsman (LTCO), Senior Adult Victims Advocate, and GeorgiaCares,
- Representatives from the Georgia Public Guardians (GPG) Initiative,
- Representatives from the Georgia Senior Legal Hotline
- Representatives from professional disciplines (including law enforcement and healthcare),
- Other entities and Divisions within DHR, and
- External agencies and/or organizations

State Level Forensics ANE Efforts:

The following goals and strategies outline the ANE efforts at the state level:

Goal 1: Increase cooperation and collaboration between professional disciplines in responding to cases of elder abuse to improve the efficiency and effectiveness of services to victims and to reduce duplication of efforts which can further traumatize the victim.

- Strategy 1: Provide cross-training among professional disciplines to improve the understanding of the roles, rules, laws, mandates, policies and practices of various disciplines in an effort to improve working relationships and coordination of efforts to address ANE.
- Strategy 2: Provide a forum for professionals in which to develop an understanding of issues associated with ANE, identify training needs, encourage dialogue among disciplines and create system change to improve services to victims of elder and disabled adult abuse.
- Strategy 3: Encourage joint activities (e.g., case investigations) through which professionals from one discipline work with professionals from others for a day to obtain first hand knowledge of the situations and challenges faced by other disciplines.
- Strategy 4: Promote and encourage ongoing cooperation between DAS and the Georgia Bureau of Investigation (GBI) in developing an ANE Investigative Support Center within the GBI to provide forensic consultations and other investigative tools to enhance the investigations into ANE cases.

Goal 2: Increase awareness among mandated reporters and first-responders regarding

the different types of abuse, forensic markers, applicable law, screening and investigative tools, reporting requirements, identifying and preserving evidence. Educating professional disciplines creates a safety network through increased (awareness), provides broader outreach to victims, increases portals of entry for victims to receive services through (interventions), and increases opportunities to educate victims to prevent future episodes or reoccurrence.

- Strategy 1: Develop comprehensive training modules in concert with other pertinent entities geared towards specific disciplines to ensure proper recognition and handling of ANE cases.
- Strategy 2: Develop discipline-specific, easy to use materials to reinforce training concepts and/or reference guides to use on-the-job when addressing ANE issues.
- Strategy 3: Develop a Georgia Peace Officers Standards and Training (P.O.S.T.) certified curriculum on ANE for use at the Georgia Public Safety Training Center to increase law enforcement's ability to respond effectively and appropriately to cases of ANE.
- Strategy 4: Coordinate with key law enforcement agencies to provide ongoing training and technical assistance in ANE forensics for officers and command staff to increase their ability to respond effectively and appropriately to cases of ANE.
- Strategy 5: Develop a database to capture information from law enforcement officers on all ANE incidents in which community resources (e.g., community placements, translators, etc.) were not available to assist victims to enable DAS to identify gaps in resources/services.

Goal 3: Establish and develop requirements for a Critical Incident Review Team for investigation and evaluation of serious incidents of ANE occurring within populations served by DAS; to identify gaps in services and ways to prevent future incidents of ANE.

- Strategy 1: Research and identify other states and/or entities that have fatality review/serious incident teams across the country
- Strategy 2: Develop protocols for reviews by the fatality team to ensure consistency of the review process
- Strategy 3: Identify local professionals and ANE stakeholders to conduct reviews as determined by location and type of event.

Area Agencies on Aging, through the Area Plan process, identified the following five themes, with related activities, as priority areas to address ANE at the local level:

- ✓ ANE Awareness and Prevention – Community education, professional training conducted with Law Enforcement et al., with emphasis on reduction in fraud scams via phone, email, or in-person.

- ✓ Education on Rights, Benefits, Entitlements and Resources – Increased partnerships and education with regards to services provided by GeorgiaCares (Medicare/Medicaid), including Lifelong Planning (retirement and long term care planning), legal and Caregiver Services.
- ✓ Personal Safety and Injury Prevention –Development of plans for older and disabled adults in regards to home safety, fall prevention, individual emergency plans, fire safety, non-emergency transportation injuries, and Disaster Planning.
- ✓ Better Collaboration Among Elder Rights Team Members – Development of an Elder Rights Service Providers' directory.
- ✓ Medicaid and Estate Recovery Community Education

Elder Rights Plan

In Georgia, as the population ages and lives longer, increasing numbers of older people are at risk of infringement of their rights or of abuse, neglect and/or exploitation. The Division of Aging Services recognizes the need for strong advocacy to protect and enhance the basic rights and benefits of vulnerable older adults. The Division of Aging Services supports a coordinated system that ensures that elder rights programs work together to protect elder rights, particularly for those who are socially and economically vulnerable.

To promote elder rights in Georgia, members of the state-level elder rights team will collaborate and coordinate to achieve the following goals, objectives and strategies:

Goals:

1. Prevent abuse, neglect, and exploitation, including consumer fraud.
2. Empower older persons to advocate on their own behalf or identify advocates for those who need them; and,
3. Identify issues important to older Georgians and advocate for solutions.

Objective 1: For individuals: Increase safety and well-being by reducing criminal victimization, reducing individual at-risk factors, and increasing financial stability.

Objective 1 Strategies:

- a. Expand money management services
- b. Establish one elder abuse shelter statewide and assess the need for future shelters
- c. Advocate for an increase in funding for legal services
- d. Resolve complaints of long-term care facility residents
- e. Advocate for an improved long-term care system
- f. Develop and implement interactive website forms that visitors can use to apply for various benefits
- g. Participate in the aging and mental health coalition to advocate for mental health services

Objective 2: For the elder rights system: Develop the elder rights system's collective capacity to effectively address rights issues affecting the elderly and adults with disabilities by increasing awareness and knowledge through education and training of consumers and professionals. On July 30, 2007, Governor Sonny Perdue signed a proclamation indicating that October 26, 2007, will be Senior Consumer Protection Day in Georgia to reduce criminal victimization.

Objective 2 Strategies:

- a. Plan and produce an Elder Rights Conference 2009
- b. On October 26, 2007, Senior Consumer Protection Day as designated by the Governor's proclamation, the agency heads of statewide criminal justice, public safety, and senior community agencies will gather to sign a cooperative agreement, officially creating the State Triad of Georgia. The State Triad of Georgia will provide support to local Triad and SALT (Seniors and Law Enforcement Together) councils working together to make Georgia safer for seniors.

- c. Develop a state-level Abuse, Neglect & Exploitation Collaborative

Objective 3: For the broader community: Promote the capacity of the community to address elder rights issues by (1) stimulating new networking opportunities among public and private entities, (2) increasing senior homeowners' awareness of consumer protection and self-advocacy techniques, and (3) expanding the availability of home modification and repair services

Objective 3 Strategies:

- a. Develop Senior Homeowners' Resource Guide and Community Education Supplement
- b. Develop and implement interactive website forms that visitors can use to apply for various benefits
- c. Publish electronic newsletter focused on needs of independent senior homeowners
- d. Produce a statewide workshop on home modification and repair
- e. Provide community education on risk factors for abuse, neglect and exploitation with outreach to diverse members of the community and a focus on primary prevention

To promote elder rights planning in each planning and service area, each Area Agency on Aging developed a written, regional Elder Rights Plan. Emerging issues described by the AAAs in area plans for SFY 2008 – 2011 included the following:

- Medicaid Estate Recovery
- Medicare issues: enrollments, premiums deductions, Medicare Savings Accounts, exception & appeals process, and illegal plan marketing
- Increased awareness and prevention of abuse, neglect, and exploitation, including consumer fraud and investor protection
- Expansion of local elder rights teams and SALT Councils
- Health & drug costs
- Elder protective shelters
- Abuse legislation
- Emergency preparedness
- Awareness of elder rights, entitlements, and services and how to access and/or make related referrals
- Safety at home
- Increased skills of budgeting/financial management
- Advanced directives
- Planning for future long-term care needs
- Transportation safety

Adult Protective Services Program

The Adult Protective Services (APS) program is mandated under Georgia's *Disabled Adults and Elder Persons Protection Act* (O.C.G.A. 30-5-1) to address situations of domestic abuse, neglect or exploitation (ANE) of disabled persons over the age of 18, or elders over the age of 65 who are not residents of long term care facilities. The purpose of the APS program is to investigate reports alleging abuse, neglect or exploitation and to prevent recurrence through the provision of protective services intervention.

Principles that guide the assessment consider an adult's right to personal autonomy, self-determination and the use of the least restrictive means of eliminating or reducing risks prior to implementing more intrusive interventions. The Georgia Department of Human Resources transferred administration of the APS program to the Division of Aging Services on July 1, 2004, after being administered by the Department of Family and Children Services for over twenty years.

Central Intake

The APS Program receives reports of abuse, neglect and/or exploitation through its Central Intake Unit. Service representatives, who are seasoned APS field staff, handle calls through a statewide toll-free number to determine if the referrals meet the criteria for APS to investigate a case. If the criteria are not met, referrals are made to community resources including those in the aging network. During SFY'06, Central Intake handled a total of 15,012 calls. Forty-six percent (6,991) of calls were accepted for APS investigation. The remaining 54% (8,021) were handled by staff or referred to other community resources such as mental health providers, DFCS, and the Aging Network to help address the callers' issues.

APS Field Operations

Adult Protective Services uses a regionally-based, multi-disciplinary approach to meet the needs of vulnerable disabled and senior adults. APS regions are aligned with the aging network planning and service areas and reside in five districts. APS case managers handle both investigations and case management services for the statewide APS caseload.

APS Guardianships

APS provides case management for the incapacitated adults for whom the Department of Human Resources serves as Guardian of Person. As representatives of the Department, APS manages, approximately 680 guardianships per month.

APS Emergency Relocation Funds

The APS program receives \$400,000 each year to provide emergency relocation services to individuals who need relocation from abusive situations. Emergency relocation funds pay for clients to move from unsafe housing, replacement of personal items when they have been broken or stolen by an abuser, as well as items to keep them safe in their homes.

To help ensure the rights of older people and prevent their abuse, neglect and exploitation, APS has implemented the following documentation and contact standards:

1. Measure: 95% of ANE referrals received by Central Intake will be completed and sent to Field Operations within one (1) business day of the date of the report.
2. Measure: 95% of referrals deemed as “Red Envelopes” or priority referrals meet the ten (10) day initial face to face contact standard by Field Operations.¹
3. Measure: 30 calendar days by Field Operations to investigate and complete assessments of ANE reports.
4. Measure: %/# of Intake and Referral Records address all safety issues.²
Target: 100% of all Intake and Referral records will address safety issues.
5. Measure: #/% of clients and/or case managers who avoid serious harm/danger due to prior knowledge of safety issues.
Target: Risk for serious harm and/or danger to the clients and/or case manager was reduced due to knowledge of safety issues at the time of referral.
6. Measure: Decrease #/% of non-ANE cases reported to APS.
7. Measure: Decrease recidivism rate
8. Measure: Average length of time consumers receive services with the exclusion of Georgia Public Guardians (GPG) and Representative Payees.

1 Note* - According to APS policy, a “high priority” case is one that involves imminent danger or severe physical/sexual abuse.

2 The Intake Record will record in AIMS safety issues that may endanger the client and/or case managers (i.e., hostile client, hostile family member, structurally unsafe home, location of the neighborhood, isolated location, high crime area/loiter, animals/pets, mental illness (client or household member), illegal drug activity (client or household member), weapons (client or household member or other pertinent safety issues. The Intake Record will also indicate if Law Enforcement is needed when the worker makes the face to face visit with the client.

Long-Term Care Ombudsman Program

Title VII of the OAA authorizes the Long-Term Care Ombudsman Program (LTCOP) to work to improve the quality of life of residents in nursing homes, intermediate care facilities for the mentally retarded (ICF/MR), personal care homes and community living arrangements (CLAs) by acting as their independent advocate. Ombudsman staff and volunteers informally investigate and resolve complaints on behalf of residents. They visit long-term care facilities to be accessible to residents and monitor conditions and also provide education regarding long-term care issues, identify long-term care concerns and advocate for needed change. In January 2002, the Office of the State Long-Term Care Ombudsman (State Office) was reorganized to operate as a separate office within the Georgia Department of Human Resources, Division of Aging Services.

The Institute for Health & Aging (IHA) at the University of California, San Francisco, is currently evaluating the effectiveness of the local Long-Term Care Ombudsman Programs in Georgia. The project is part of a multi-state effort (involving New York, California, Illinois, and Ohio) to strengthen the capacity of local ombudsman programs across the nation to improve the quality of care of residents of long-term care facilities.

Areas being researched during the University of California, San Francisco project include:

- Program staffing, including use of volunteers;
- Quality of training of staff and volunteers;
- Cultural competency and diversity; and
- Facility visits and resident access to ombudsmen.

Complaints Handled

In SFY 2006, the Ombudsman Program received 6,472 complaints: 5,203 Nursing Home and ICF/MR and 1,269 Personal Care Home and CLA's. Ombudsmen resolved 94% of complaints in SFY 2006. Ombudsman responded to 95% of complaints received regarding abuse and the resident was believed to be at risk within 1 working day; 99% of complaints received regarding abuse and the resident was not believed to be at risk within 3 working days, and 99% of all other types of complaints within 7 working days.

Volunteers

In SFY 2006, 115 volunteers – 7 certified, 41 volunteer visitors and 67 who performed other services – assisted the Ombudsman Program. State Office staff approved volunteer training curricula, administered certification examinations, provided guidance, and participated in community ombudsman program volunteer training.

Advocacy

Increased Personal Funds for Nursing Home Residents

- ✓ Ombudsmen launched a statewide effort to educate lawmakers and advocates about how difficult it is for nursing home residents to live on \$1 per day allowance. Working together with nursing home residents, families, facility staff, the Coalition of Advocates for Georgia's Elderly, and others, ombudsmen successfully advocated for an increased Personal Needs Allowance. With support from the Governor, the General Assembly approved an increase that permits residents to keep \$50 per

month of their own money (instead of \$30, which had been the lowest in the country), effective July 1, 2006. This applies to all residents who receive funding through Medicaid (about 80% of Georgia's nursing home population).

Promoted Quality Improvement in Nursing Homes

- ✓ Ombudsmen -- together with *Georgia Medical Care Foundation*, regulators, other consumer advocates, and providers -- worked to promote quality in Georgia's nursing homes. Goals included reducing pressure ulcers, improving pain management, and reducing the use of physical restraints. Ombudsmen were also involved in promoting "culture change" in nursing homes, focusing on resident-directed care practices.

Supported development of Georgia Public Guardians

- ✓ The State Ombudsman helped launch a new initiative of volunteer public guardians to assist individuals who are at risk because they are "unbefriended" and unable to make their own decisions.

AAA Areas of Emphasis

All Area Plans require that LTCOP plans address the following items: complaint processing; access; information and assistance requests; community outreach & education; in-service education to facilities; routine visits; issues advocacy; interagency coordination; nursing home pre-survey information; and volunteer management.

Other areas of emphasis include:

- Increase the number of persons receiving education about elder abuse and fraud prevention through literature provided to facility staff and clients.
- Provide LTCO services to mental health clients who reside in PCHs and CLAs.
- Provide educational training to professionals within the Aging Network.
- Sustain and increase the number of routine visits provided to Nursing Homes, ICF/MRs, PCHs, and CLAs.

Medicaid Long-Term Care Reform

Georgia was one of eight states selected by the National Governors Association (NGA) Center for Best Practices to participate in *Rebalancing Long-Term Care Systems Toward Quality Community Living and Healthy Aging* in July 2004. Each state is to build customized strategies to increase community-living options and decrease the need for institutional care.

To meet or redirect the Long-Term Care demand, the Division of Aging Services is developing comprehensive plans to stem the tidal wave of necessity. Areas of emphasis include:

1. Removal of access barriers to information and home and community based services (HCBS) through “no wrong door” approaches such as Gateway, Aging and Disability Resource Connections (ADRCs), standardized assessments, and eligibility processes.
2. Reorganization of Long-Term Care Service Delivery Systems to integrate primary, acute, and long-term care and shift to chronic disease management models.
3. Rebalancing Long-Term Care toward Community Options through HCBS, Olmstead and The President’s New Freedom Initiative.
4. Utilize “best practice” management via evidence-based approaches and proven cost-effective strategies such for:
 - a. Obesity, Diabetes, Depression, Fall Prevention, and Heart Disease
 - b. Older Adults and Mental Health
 - c. Prevention and Early Intervention Priorities
5. Enhance Caregiver Supports
6. Increase Lifelong Planning and “Own Your Future” initiatives
7. Continue Self-Directed Care Implementation
8. Close disparities through technology and economic development such as:
 - a. Smart Home and Assistive Technology
 - b. Helping Rural Communities meet Aging Needs
 - c. Telemedicine
 - d. Electronic Records

Georgia was awarded a “Money Follows the Person” (MFP) Rebalancing Demonstration grant in May 2007. Georgia’s plan will assist 1,347 persons, 375 of whom will be elderly, to transition from institutions back to the community over the five-year grant period. The Long Term Care Ombudsman Program will review quality of services, monitor satisfaction and help to ensure safety and consumer choice during the first year of transition. The Elderly Legal Assistance Program (ELAP) continues to develop educational material regarding changes in Medicaid law, including transfer of assets, specifically targeted to the elderly population. The Area Agencies on Aging will link consumers to resources in the community and will continue to enhance and expand the ADRC coverage in the state.

Georgia became a participant in the “Own Your Future” campaign in the fall of 2006. DAS organized “Own Your Future” campaign efforts by coordinating closely with the Office of Governor Sonny Perdue and managing campaign activities through the Division’s GeorgiaCares Lifelong Planning Program – a year-round effort to educate adults about long-term care preparation. In January 2007, letters from Governor

Perdue reached 1,184,416 age-targeted Georgia households, encouraging early planning for long-term care needs.

As of May 2007, over 74,000 Georgians have requested the Planning Kit as a result of the direct-mail effort and a series of complementary outreach activities, including town hall meetings. The Division of Aging Services developed a lifelong planning website, www.PlanEarlyNow.org, to provide the public with a portal to state, federal, and private resources for long-term care planning. The site, created to enhance the “Own Your Future” campaign, gives Georgians basic facts about long-term care along with annotated links to objective, well-respected government and nonprofit sources of long-term care planning information.

Georgia was also selected to participate in a new Center for Health Care Strategies (CHCS) initiative designed to help states develop and implement insurance options for moderate-income consumers, funded by the Robert Wood Johnson Foundation. <http://www.kff.org/medicaid/7486.cfm>.

The 1915(c) waiver program administered by DAS, the Community Cares Service Program had a waiver amendment approved for the Consumer Directed Personal Support Services (PSS) Option in October, 2006. Implementation is anticipated to begin in SFY 08.

Elderly Legal Assistance Program

The Georgia Elderly Legal Assistance Program (ELAP) fulfills the Older Americans Act mandate to serve persons 60 years of age and older by providing legal representation, information, and education in civil legal matters. The Area Agencies on Aging enter into contracts with eligible entities to provide the services. Services are available in all twelve planning and service areas. The State Legal Services Developer works with the AAAs and providers of legal assistance to establish programmatic goals, objectives and desired outcomes.

Goal: Ensure the rights of older people and prevent their abuse, neglect and exploitation.

Providing legal services to one of the most vulnerable populations in our society brings with it a variety of challenges and barriers. Addressing and overcoming the challenges and barriers requires increasing strengths, decreasing weaknesses, minimizing threats, and capitalizing on every available opportunity by each attorney, paralegal and legal assistant in the Older Americans Act legal services network. The number of older people at risk of having their rights abridged or denied, or who are being abused, neglected and/or exploited, increases each day as the population of our state and country age more and live longer.

Older Georgians express concern about core issues that impact their daily lives and with which they require legal advocacy, counseling and direct representation. The legal service interventions help them to avoid losing income, housing, health care benefits and services. Additionally, legal services help them to retain and exercise their rights and choices in the event of incapacitation. These are issues upon which Georgia's legal services program must target its focus.

AAA Areas of Emphasis:

- Provide representation for clients in cases involving income and healthcare benefits.
- Increase visibility of ELAP by providing education to seniors on services and benefits available.
- Increase awareness of ELAP case priorities and availability of services and track Kinship Care cases.
- Resolve legal conflicts that threaten Nursing Home eligibility for individual seniors.
- Increase number of clients that complete end of life plans including Wills, Advanced Directives, Power of Attorney, etc.

Medicare Modernization Act

GeorgiaCares

GeorgiaCares helps Medicare beneficiaries, their families and others understand their rights, benefits and services under the Medicare and Medicaid programs and other health insurance options through public-private partnerships. GeorgiaCares works to educate consumers, reduce fraud, waste and error while providing quality services for today and the future.

GeorgiaCares encompasses the State Health Insurance Program (SHIP), SMP Program (formerly Senior Medicare Patrol), Prescription Assistance Program, and the Lifelong Planning Program. SHIP is a national program that offers one-on-one counseling and assistance to Medicare beneficiaries and their families. SMP programs recruit and train consumers, professionals, and volunteers regarding preventing, reducing and reporting Medicare fraud, error and abuse. The Lifelong Planning Program is designed to educate consumers about long-term care services, costs, and payment sources; common private care financing options; housing, legal, and related planning considerations; and consumer protection techniques to help individuals make well-informed, independent decisions about their long-term care future.

Services also provided by GeorgiaCares include:

- ❑ Consumer information and counseling on Medicare, Medicare supplemental insurance, long term care insurance, employer health insurance plans, Medicaid and Medicare managed care options and planning for their future,
- ❑ Community education about health insurance and Medicare, with emphasis on educating individuals on preventative services covered by Medicare and low-cost prescription drug programs; and,
- ❑ Help for Medicare beneficiaries in filing medical claims and appealing denials of coverage by Medicare, Medicare managed care and private health insurance.

GeorgiaCares 2008-2011 goals and strategies are as follows:

- ❑ Goal: Empower individuals of all ages and ability levels to plan for future long-term care needs.
 - Strategies:
 - Utilize a holistic approach in educating and encouraging adults to prepare for retirement and their future lifestyle and care needs;
 - Expand outreach and community education services;
 - Expand partnerships with statewide and local businesses to promote Lifelong Planning and Own Your Future Campaign endeavors; and
 - Improve GeorgiaCares Marketing.
 - Current Georgia Long-Term Care penetration is 3% with a goal of an 18% increase in Georgians purchasing long-term care insurance policies over the next four years.

- ❑ Goal: Empower older people to stay active and healthy by utilizing their prevention benefits under Medicare.
Strategies:
 - Emphasize utilization of Medicare Preventative Services in collaboration with the Division's Wellness Program (Older Americans Act Health Promotion and Disease Prevention Services); and
 - Educate consumers and their family/caregivers regarding the benefits available from the MMA.
- ❑ Goal: Ensure the rights of older people and prevent their exploitation and abuse.
Strategy:
 - Provide education and assistance in detecting and reporting Medicare, Medicaid and health insurance fraud, error and abuse.
- ❑ Goal: Maintain effective and responsive program management.
Strategies:
 - Recruit and retain top quality and dedicated staff and volunteers;
 - Increase programmatic and financial monitoring to better facilitate real time accountability;
 - Create, revise, maintain and disseminate up-to-date program management operational manuals; and
 - Provide intensive and on-going training consistently on topics indicated as needed through utilization of SWOT analysis and program outcome monitoring.

Planning Highlights from Area Agencies on Aging

- Assist Medicare beneficiaries in applying for and understanding Medicare benefits and programs.
- Develop specialized marketing strategies to reach rural populations and provide educational opportunities.
- Increase education and marketing of Long-Term Care financial planning for individuals aged 45 to 60 years of age to encourage proper planning.
- Increase marketing of GeorgiaCares via direct mail, chamber of commerce, and faith-based organizations.
- Educate SMP clients to prevent/recognize and report potential Medicare fraud and errors related to Medicare Part D and Durable Medical Equipment (DME).
- Devise a standard training curriculum for volunteers.
- Incorporate more consumer fraud education into Lifelong Planning activities
 - Develop client survey projects for use as a formative evaluation tool

Emergency Preparedness Plans

Under Georgia law, the Georgia Department of Human Resources Division of Aging Services is actively involved in emergency planning at the state level and is included within DHR's overall emergency plan. As the State Agency on Aging, the DAS participates with the Division of Public Health (DPH) in developing and updating emergency plans for DHR consumers and the general public. The State Unit on Aging plan is included in the DHR Emergency Plan, which addresses variable emergency situations such as natural and man-made disasters and health emergencies.

Additionally, the SUA advocates for increased coordination among federal, state and local levels of government for emergency preparedness and response. The DAS Division Director is actively involved in emergency planning with Public Health and other agencies, with a special focus on the older adults and other special needs/vulnerable populations. DAS has invested in convening AAA emergency coordinators for planning and training events and has encouraged their participation with county emergency management agencies (EMA). This advocacy has improved both knowledge and relationships for disaster or emergency response. DAS has also prepared contact protocols to engage staff and Area Agencies on Aging emergency response coordinators as part of the coordination efforts with Federal, State, local, and county emergency management agencies. DAS is also an integral member of the State of Georgia Working Group on Emergency Planning for Individuals with Disabilities and the Elderly, which is headed by the Georgia Emergency Management Agency (GEMA).

To ensure state agency business continuity, DAS maintains a call-down list and checklist of essential operations that must continue during an emergency. If employees are unable to access their physical work sites, they may access the Department's servers hosting e-mail and shared drives for document storage and retrieval if they can establish an internet connection. Many field personnel are equipped with laptop or tablet computers and many others use their own personal home computers to connect to the Department's servers via the internet. Alternate worksites for Division staff are available through partnership with the AAAs, who agreed to provide workspace and internet connectivity to SUA staff during an emergency event, as needed.

Lastly, to ensure the safety and well being of the agency's public guardianship clients, where the Department of Human Resources is appointed guardian of last resort by the probate courts when there is no one willing or available to serve, the Community Care Services Program as well as Adult Protective Services have policies and procedures for all statewide staff, AAAs, and providers to initiate upon an emergency for clients residing within Alternative Living Services.

The Division of Aging Services continues to exemplify the policy goals of the recent 2006 reauthorization of the Older Americans Act and the findings of the U.S. Senate Special Committee on Aging in its hearing during the 109th Congress on *Preparing Early, Acting Quickly: Meeting the Needs of Older Americans During a Disaster (October 5, 2005, Washington, D.C.)* that included testimony from our Georgia SUA Director, Maria Greene.

Following are business processes that have been identified by DAS as critical operations that must be sustained in the event of an emergency. Process owners are assigned to lead each category and commence the appropriate action during an emergency.

	Critical Business Process Service or Program	Describe the Critical Business Process and Responsibilities
1	Financial	Oversee all financial related operations, prepare and analyze all budgets for all programs and funding
2.	DHR Guardianship	DHR Appointed by County Probate Courts as Guardian of last resort
3.	Care Coordination	Assure that eligible service consumers have choices about and receive services determination
4.	Information and assistance/Intake and Screening	Receive requests for and provide assistance to clients, caregivers and the general public
5	Advocacy	Advocate for the interest of long term care residents through legislative advocacy
6	Designation/Certification/ Training of Service Providers	Train and certify new staff ombudsmen, plan continuing education conference support volunteer training
7	Emergency Relocation Funds (With DFCS)	Allocate Electronic Funds Transfer (EFT) and track statewide usage
8	Representative Payee (With DFCS)	Bills incoming and payments for clients, expenses, food and rent
9	Investigations of Abuse/Neglect/ Exploitation	APS Caseworker investigates the allegation of abuse neglect or exploitation of a disabled adult
10	Technical Assistance	Identify and address the need for technical assistance and training among staff and providers
11	Service Delivery	Providing the array of services the Division of Aging supports to our clients

AAAs Areas of Emphasis:

- Ensure that each service provider has a current and comprehensive emergency preparedness plan addressing various emergency situations.
- Increase awareness of community emergency management and public safety procedures about programs and services available in the Aging Network.
- Help prepare older adults to be prepared for natural and man-made disasters by:
 - Providing local representation at emergency planning agencies
 - Providing educational opportunities at senior centers for citizens and staff
 - Have Nutrition Service Providers stock three (3) days supply of shelf staple meal supplies for home delivered meal consumers.
 - Provide emergency planning and training in conjunction with emergency management officials to develop a special needs database.

Transportation Services for Older Georgians

During the 2008-2011 State Plan data collection process, the most significant problem identified by consumers, or potential consumers, of aging program services is the considerable gap in resources for making available both medical and non-medical transportation assistance. Transportation assistance is the cross-cutting theme in areas of Choices for Independence, relating to access to services, promotion of health and wellness, and relief of caregiver burden.

Assessing the Needs of the Elderly for Transportation

A number of tools have been used to evaluate the transportation needs of Georgia's elderly and disabled.

- **Transportation Public Hearings** – The Department of Human Resources coordinated system held a series of public hearings in each region of the state. Representatives from the aging program statewide, including consumers, had the opportunity to provide comments and input regarding unmet needs.
- **Area Agencies on Aging Public Hearings** – The Division of Aging Services in partnership with the twelve AAAs conducted public hearings in conjunction with their information gathering in support of development of Area Plans. These public hearings provided feedback from seniors on many issues. Transportation was the highest priority item identified in the public hearing process.
- **Regional Transportation Coordinating Committee (RTCC)** – This body, involving local representatives from the various human service providers in the region, meets on a regular basis to evaluate the service needs of the population. The Committee serves a vital function as the link to and forum for consumer agencies to provide input to the Department regarding the administration of the transportation system. RTCC members make recommendations to the Department on contract renewals for transportation providers.

Comments from Public Hearing consumers are as follows:

“Senior transportation stops at 4:00 pm. Life does not end at 4:00 p.m.”

“Available transport does not meet needs, taking elders to senior centers but not to shop for food, medicines, and other needs; lack of transportation leads to depression from being homebound.”

“Quality of the transport: unreliable, poor drivers with no background checks who are insensitive to elderly needs, long hours of waiting, lack of regulation of the companies, broken stretchers, wheelchairs not strapped down in van, lack of seat belts. Need regular inspection and highest standards for frail and vulnerable individuals.”

Consumer Suggestions:

“A Regional transportation system would allow crossing of county lines to reach

services not always available in the local county. If a client has a multi-purpose trip across several jurisdictions, the client might need transportation from different service providers. If more than one agency is involved in a trip and the agencies do not coordinate, the customer can be stranded if a connecting ride is late.”

“Develop a system of volunteers to assist with transportation. Integrate buses or taxis for shopping, social, and recreational needs.”

“Subsidize transportation for elders and disabled by giving tickets or discounts. Cost has escalated with the consolidated transport system.”

“Develop a system of home-visiting doctors and nurses, as well as mobile units, especially for those who live alone. Utilize telemedicine and Smart Home technologies.”

Coordinated Transportation System

The Coordinated Transportation System is administered by the Transportation Services Section within the DHR Office of Facilities and Support Services (OFSS). The system is designed to provide services to DHR clients, and, therefore, is a human service transportation system. The system provides services to clients of DAS, Division of Family and Children Services Temporary Assistance to Needy Families (TANF) program, and Division of Mental Health, Developmental Disabilities and Addictive Diseases. The Coordinated Transportation System also serves some consumers of the Department of Labor’s Vocational Rehabilitation Services program. Non-emergency transportation (NET) to Medicaid recipients is provided by the Department of Community Health (DCH) and the Department of Transportation (DOT) administers public transportation services to the general public.

DHR divides the state into twelve regions, with each region having a RTCC and Regional Transportation Office (RTO) that serves as the transportation focal point within that region. The Department’s regions align with the Division’s designated Planning and Services Areas, which promotes more effective coordination. The RTOs are responsible for monitoring transportation providers’ performance and contract compliance. The Coordinated Transportation System uses a Purchase of Service Agreement System to provide services within each region. Transportation providers are a mix of governmental entities, for-profit companies, and private non-profit organizations. In many regions a prime contractor, such as a Regional Development Center (RDC), provides overall contract management in coordination with the RTO. Actual transportation services are provided by subcontractors of the Prime Contractor.

Plans for Filling the Gaps

In May 2007, the Georgia General Assembly passed a Senate Resolution to create a Joint Study Committee on Transportation Funding, which was also signed by the Governor. The committee is charged with undertaking a study of the conditions, needs, issues, and problems associated with transportation and recommend any actions or legislation that the committee deems necessary or appropriate. If the committee chooses to make a report, it is to be made on or before December 31, 2007. The Division

will monitor the committee's deliberations and any report it may issue and incorporate relevant findings into our strategic planning processes.

The Aging Network will continue to participate in the Department's Coordinated System and advocate for the development of true regional transportation systems. In addition to those efforts, the network also will continue to explore alternative modes of transportation or payment methods that could result in more effective leveraging of resources. For example, in several areas of the state, Area Agencies have allocated funding for a voucher system, through which older consumers may use the vouchers to pay friends, neighbors or family members for transportation assistance. If the alternatives are found to be more cost-effective than conventional transit services, or, if the alternatives create resources for transportation assistance in areas lacking public transit systems, we would work with agencies statewide to implement voucher systems as another means of providing transportation and access to other services and community resources.

Other AAA Areas of Emphasis:

- Include regional transportation plans and service delivery systems in conjunction with partners to devise an integrated plan.
- Improve coordination between Aging and Transportation services system with the Rural Transportation Coordination Council (RTCC).
- Secure alternate funding sources.

Performance Outcomes Measurement Process (POMP)

PROJECT 8

The Performance Outcomes Measurement Project (POMP) helps States and Area Agencies on Aging assess their own performance, while assisting the Administration on Aging to meet accountability provisions of the Government Performance and Results Act (GPRA) and the Office of Management and Budget's (OMB) program assessment requirements. DAS has participated in and completed six out of eight projects.

The Performance Outcomes Measurement Project 8 (POMP 8) intends to advance performance measurements for Older Americans Act (OAA) programs by exploring the use and validity of consumers' assessment of satisfaction with services as a measure of program impacts associated with service delivery and program costs. In collaboration with two Area Agencies on Aging and researchers with the Administration on Aging, the Division will conduct statewide pilot-testing of performance measurements methodologies; conduct validity tests for current POMP survey instruments; and develop performance measurement toolkits.

Goals, Objectives and Outcomes

The objectives will be to build upon past experience in previous POMP (POMP 6 and POMP 7) for this 2-year project. The Division will work in partnership with AAAs to measure consumer outcomes for providers of Title III services, using instruments developed through these collaborative agreements with AoA. The Division will work with an external consultant and AAA staff to learn additional methods and techniques for developing and validating surveys. This training will be applicable not only to surveys for Caregiver, Homemaker, Congregate Nutrition, and Senior Center services which are specific to the POMP 8 grant, but for all Aging services.

PROJECT 7

POMP 7 intends to refine and standardize consumer performance measurement tools. The Division and three AAAs will participate in continuing dialog with AoA contractors for ongoing improvement of instruments and methodologies for measuring outcomes and dissemination strategies. Products for the project will include a standardized performance measurement tool, a process for nationwide dissemination of tools, an improved website, narrative descriptions of processes, and analysis of the utility and effectiveness of instruments and methodologies. The POMP grant will enable the division to have more consistent comparisons to other states providing Older Americans Act programs.

Goals, Objectives and Outcomes

The Division will work collaboratively with other grantees, AAAs and provider agencies to achieve the following goals, objectives and outcomes:

- Review current survey instruments on the POMP web-site used to measure provider outcomes and satisfaction of Title III services to identify existing gaps in the current tools;
- Review and refine no fewer than the following eight POMP performance measurement surveys:
 - Caregivers
 - Case Management
 - Congregate Nutrition Program
 - Homemaker Service
 - Home Delivered Nutrition Program
 - Information and Assistance Assessment
 - Senior Centers
 - Transportation Service;
- Train all AAAs in the Georgia Aging network to use the performance tool; and
- Participate in website enhancement activity.

The Division, AAAs and grantees will evaluate the performance measurement tool according to the impact on cost, access, quality, and user satisfaction.

PROJECT 6

POMP 6 intends to demonstrate consumer savings attributed to OAA programs by predicting the likelihood of nursing home (NH) placement through the examination of certain associated risk factors. In collaboration with 2 Area Agencies on Aging and researchers with AoA, the Division will conduct a retrospective study to determine what impact Georgia's Older Americans Act services have on nursing home placement.

Goals, Objectives and Outcomes

The objectives will be to determine (1) if persons receiving Home and Community Based Services (HCBS) which offset the unmet needs associated with impairments levels are less likely to enter a nursing home or delay nursing home placement, (2) evaluate the cost of HCBS services versus nursing home placement, and (3) evaluate persons with the same impairments and unmet needs with and without caregivers who are waiting to receive HCBS services. Though the collaborative effort with AoA, the Division of Aging Services intends to develop an innovative approach to program management and service delivery that assesses cost avoidance, cost effectiveness and program efficiency of OAA Title III services offered in Georgia. Results to date include:

- ⇒ Studying effect or impact of HCBS services such as Homemaker, Personal Care, Home Delivered Meals, Adult Day Care, and In-Home Respite on delaying nursing home placement.
- Average Length of Survival time in community = 25 months
- Consistent lowering of relative risk of NH placement with use of in home services

Homemaker and **Respite** have the strongest influence on lowered relative risk of Nursing Home placement.

Acronyms/Abbreviations

AAA	Area Agency on Aging
AAAs	Area Agencies on Aging
AARP	American Association of Retired Persons
AD	Advanced Directives; Alzheimer's Disease
ADH	Adult Day Health
ADLs	Activities of Daily Living
ADRC	Aging and Disability Resource Connection
ADRD	Alzheimer's Disease and Related Disorders
AFDC	Aid to Families with Dependent Children
AIMS	Aging Information Management System
AIRS	Alliance of Information and Referral Specialists
ALS-F	Alternative Living Services-Family Model
ALS-G	Alternative Living Services-Group Model
A/N/E	Abuse/Neglect/Exploitation
AoA	Administration on Aging
APS	Adult Protective Services
APSCI	Adult Protective Services Central Intake
ARC	Atlanta Regional Commission
ASA	American Society on Aging
CC	Care Coordinator
CM	Care/Case Manager
CCP	Comprehensive Care Plan
CCSP	Community Care Services Program
CHAT	Client Health Assessment Tool
CHCS	Center of Health Care Strategies
CLA	Community Living Arrangement
CMS	Centers for Medicare and Medicaid Services
CNA	Certified Nursing Assistant
COAGE	Coalition of Advocates for Georgia's Elderly
CQI	Continuous Quality Improvement
CSRA	Central Savannah River Area
DCH	Department of Community Health
DD	Developmental Disabilities
DFCS/DFACS	Department of Family and Children Services
DHHS	Department of Health and Human Services
DHR	Department of Human Resources
DMA	Division of Medical Assistance
DNR	Do Not Resuscitate
DON-R	Determination of Need - Revised
DOT	Department of Transportation
DRA	Deficit Reduction Act
ELAP	Elderly Legal Assistance Program
EMA	Emergency Management Agencies

Acronyms/Abbreviations

EMC	Electronic Media Claims
EMS	Emergency Management Services
ERF	Emergency Relocation Funds
ESP	Enhanced Services Program
ERS	Emergency Response System
FEMA	Federal Emergency Management Agency
FFY	Federal Fiscal Year (October 1 – Sept 30)
FMAP	Federal Medical Assistance Percentage
FTE	Full Time Equivalent
G4A	Georgia Association of Area Agencies on Aging
GCoA	Georgia Council on Aging
GACCP	Georgia Association of Community Care Providers
GEMA	Georgia Emergency Management Agency
GBI	Georgia Bureau of Investigation
GCSS	Georgia Consumer Satisfaction Survey
GGs	Georgia Gerontology Association
GMCF	Georgia Medical Care Foundation
GPRA	Government Performance and Results Act of 1993
GrG	Grandparents raising Grandchildren
GSU	Georgia State University
HCBS	Home and Community Based Services
HDM	Home Delivered Meals
HDS	Home Delivered Services
HHa	Home Health Agency; Home Health Aide
HOSHIN	HOSHIN – Strategic Planning Process
I&R	Information and Referral
I,R &A	Information, Referral and Assistances
IADLs	Instrumental Activities of Daily Living
IFF	Intra-State Funding Formula
KSU	Kennesaw State University
LEP	Limited English Proficiency
LLP	Lifelong Planning
LPN	Licensed Practical Nurse
LTCF	Long Term Care Facility
LTCO	Long Term Care Ombudsman
MADC	Mobile Adult Day Care Program
MAO	Medical Assistance Only (Medicaid)
MAP	Measurement and Analysis Plan (performance indicators)
MDS-HC	Minimum Data Set – Home Care
MFP	Money Follows the Person
MHDDAD	Mental Health, Development Disabilities, Addictive Diseases (DHR)
MMA	Medicare Modernization Act
MOE	Maintenance of Effort
MPOC	Medical Plan of Care
MUD	“Managing Using Data”

Acronyms/Abbreviations

NAIC	National Association of Insurance Commissioners
NAPIS	National Aging Program Information System
NASUA	National Association of State Units on Aging
NET	Non-Emergency Transportation
N4A	National Association of Area Agencies on Aging
	National Family Caregiver Support Program
NFCSP	
NGA	National Governors Association
NH	Nursing Home
NORS	National Ombudsman Reporting System
NSI	Nutrition Screening Initiative
OAA	Older Americans Act
OACSEP	Older American Community Service Employment Program
OCGA	Official Code of Georgia
OCSS	Office of Child Support Services
OHRC	Out-of-Home Respite Care
OMB	Office of Management and Budget
ORS	Office of Regulatory Services
OIT	Office of Information Technology
OT	Occupational Therapy
P&E	Planning and Evaluation Section
PCP	Provider Care Plan
PDOS	Program Development and Operations Section
PMAO	Potential Medical Assistance Only
PCH	Personal Care Home
PHCP	Private Home Care Provider
PSA	Planning and Service Area; Personal Support Aide
PSS	Personal Support Services
PSS-X	Personal Support Services- Extended
PT	Physical Therapy
QAT	Quality Assurance Team
QIP	Quality Improvement Plan
RA	Remittance Advice
RC	Respite Care
RD	Registered Dietician
RDC	Regional Development Center
RN	Registered Nurse
RTCC	Regional Transportation Coordinating Committee
RTO	Regional Transportation Office
SAVA	Senior Adult Victim's Advocate
SCSEP	Senior Community Service Employment Program
SMP	Senior Medicare Patrol (See SHIP)
SFY	State Fiscal Year (July 1 through June 30)
SHIP	State Health Insurance Assistance Program
SI	Sensory Impairment

Acronyms/Abbreviations

SPR	State Program Reports
SSBG	Social Services Block Grant
ST	Speech Therapy
SUA	State Unit on Aging
SWOT	Strength, Weakness, Opportunity and Threat
TANF	Temporary Assistance to Needy Families
TCM	Targeted Case Management
UCARE	Uniform Care Assessment & Referral
UGA	University of Georgia
UR	Utilization Review

Area Agency on Aging Listing

PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
Atlanta Regional Commission Cherokee Clayton Cobb DeKalb Douglas Fayette Fulton Gwinnett Henry Rockdale	Cathie Berger, AAA Director Atlanta Regional Commission 40 Courtland Street, N.E. Atlanta, GA 30303-2538 404/463-3100 Fax: (404) 463-3264 Aging Connection: 404-463-3333 Toll Free: 1-800-676-2433 E-mail: cberger@atlantaregional.com	Charles C. Krautler, Executive Director Atlanta Regional Commission 40 Courtland Street, N.E. Atlanta, GA 30303-2538 404/463-3110 Fulton County
Central Savannah River Burke Columbia Glascock Hancock Jefferson Jenkins Lincoln McDuffie	Jeanette Cummings, AAA Director Central Savannah River RDC 3023 Riverwatch Pkwy, Suite A, Bldg. 200 Augusta, Georgia 30907-2016 706/210-2013 Director Direct Line 706/210-2000 Aging Program Fax: (706) 210-2006 Aging Connection: 1-888-922-4464 E-mail: jcumings@CSRARDC.org	Andy Crosson, Executive Director Central Savannah River RDC 3023 Riverwatch Pkwy, Suite A, Building 200 Augusta, Georgia 30907-2016 706/210-2007 Richmond County

Area Agency on Aging Listing

PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
Coastal Georgia Bryan Bulloch Camden Chatham Effingham Glynn Liberty Long McIntosh	Sharon Dickol, AAA Director Coastal Georgia RDC P.O. Box 1917 Brunswick, GA 31521-1917 912/264-7363 Ext. 228 Fax: (912) 262-2313 Information Link: 1-800-580-6860 Physical Address: 127 F Street, 31520 E-mail: sbdickol@coastalgeorgiardc.org	Vernon Martin, Executive Director Coastal Georgia RDC P.O. Box 1917 Brunswick, GA 31521-1917 912/264-7363 Glynn County
Coosa Valley/Northwest Georgia Bartow Murray Catoosa Paulding Chattooga Pickens Dade Polk Fannin Walker Floyd Whitfield Gilmer Gordon Haralson	Debbie Studdard, AAA Director Area Agency on Aging of Northwest Georgia P.O. Box 1793 Rome, GA 30162-1793 706/295-6485 Fax: (706) 295-6665 Screening for Services: 1-800-759-2963 Screening Fax: (706) 802-5506 Physical Address: 1 Jackson Hill Dr., 30161 E-mail: dstuddard@cvrdc.org Area Agency on Aging Listing	William Steiner, Executive Director Coosa Valley RDC P.O. Box 1793 Rome, GA 30162-1793 706/295-6485 Floyd County

PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
Georgia Mountains (Legacy Link, Inc.) Banks Dawson Forsyth Franklin Habersham Hall Hart Lumpkin Rabun 	Pat Viles Freeman, AAA Director Legacy Link, Inc. P. O. Box 2534 Gainesville, GA 30503-2534 770/538-2650 Fax: (770) 538-2660 Intake Screening: 1-800-845-5465 Physical Address: 508 Oak St., Suite 1, 30501 E-mail: pvfreeman@dhr.state.ga.us	Pat Viles-Freeman, Executive Director Legacy Link, Inc. P.O. Box 2534 Gainesville, Georgia 30503-2534 770/538-2650 Hall County
Heart of Georgia Altamaha Appling Bleckley Candler Dodge Emanuel Evans Jeff Davis Johnson Laurens 	Gail Thompson, AAA Director Heart of Georgia Altamaha RDC 331 West Parker St. Baxley, GA 31513-0674 912/367-3648 Fax: (912) 367-3640 or (912) 367-3707 Toll Free: 1-888-367-9913 E-mail: ghthompson@dhr.state.ga.us	Alan Mazza, Executive Director Heart of Georgia Altamaha RDC 5405 Oak Street Eastman, Georgia 31023-6034 478/374-4771 Fax Nu. (478) 374-0703 Dodge County

Area Agency on Aging Listing

PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
Middle Georgia Baldwin Peach Bibb Pulaski Crawford Putnam Houston Twiggs Jones Wilkinson Monroe	Geri Ward, AAA Director Middle Georgia RDC 175-C Emery Highway Macon, GA 31217-3679 478/751-6466 Fax: (478) 752-3243 Toll free: 1-888-548-1456 E-mail: gward@dhr.state.ga.us	Ralph Nix, Executive Director Middle Georgia RDC 175-C Emery Highway Macon, GA 31217-3679 478/751-6466 Bibb County
Northeast Georgia Barrow Newton Clarke Oconee Elbert Oglethorpe Greene Walton Jackson Jasper Madison Morgan	Peggy Jenkins, AAA Director Northeast Georgia RDC 305 Research Drive Athens, GA 30605 706/369-5650 Fax: (706) 425-3370 Toll free: 1-800-474-7540 E-mail: pajenkins@dhr.state.ga.us	James R. Dove, Executive Director Northeast Georgia RDC 305 Research Drive Athens, GA 30605 706/369-5650 Clarke County

Area Agency on Aging Listing

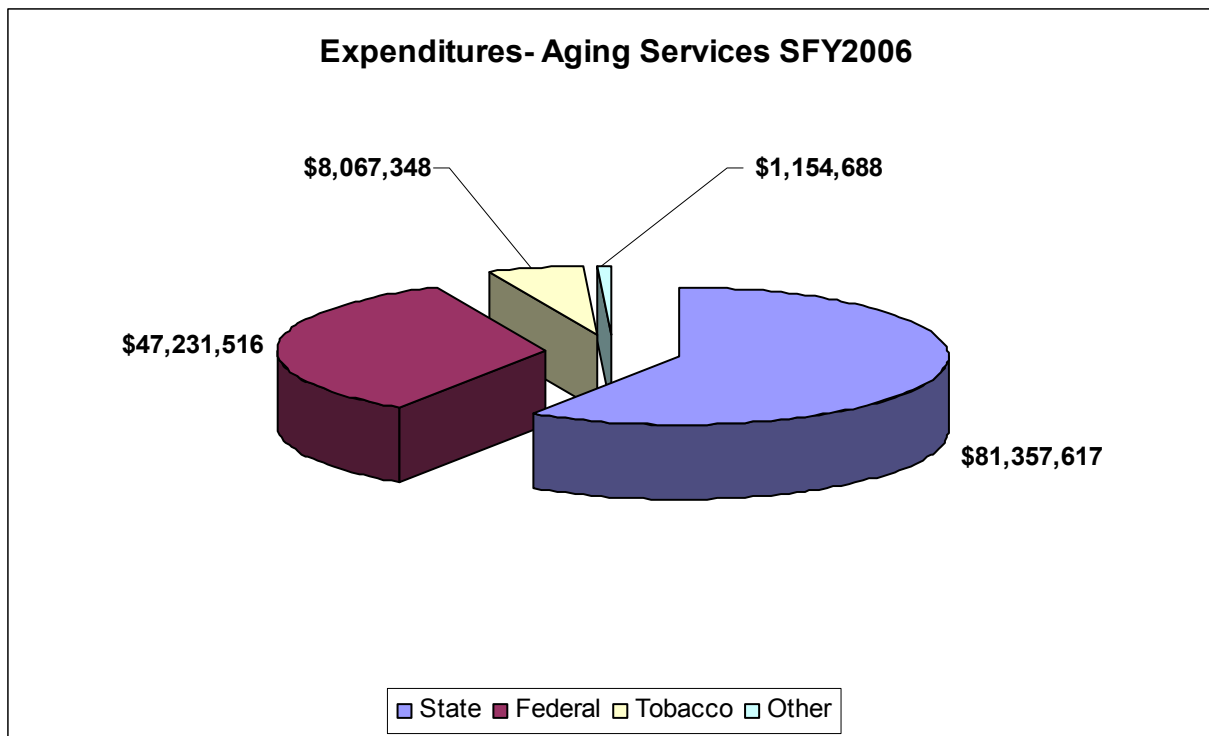
PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
Southeast Georgia/South Georgia Atkinson Echols Bacon Irwin Ben Hill Lanier Berrien Lowndes Brantley Pierce Brooks Tift Charlton Turner Clinch Ware Coffee Cook	Wanda Taft, AAA Director Southeast Georgia RDC 1725 South Georgia Parkway, West Waycross, GA 31503-8958 912/285-6097 Fax: (912) 285-6126 Toll Free: 1-888-732-4464 E-mail: wtaft@segardc.org	Lace Futch, Executive Director Southeast Georgia RDC 1725 South Georgia Parkway, West Waycross, GA 31503-8958 912/285-6097 Ware County
Southern Crescent (Formerly Chatt-Flint/McIntosh Trail) Butts Pike Carroll Spalding Coweta Troup Heard Upson Lamar Meriwether	Joy Shirley, AAA Director Southern Crescent AAA P.O. Box 1600 Franklin, GA 30217-1600 706/675-6721 (Atl. 770-854-6026) Fax: (706) 675-0448 Toll Free: 1-866-854-5652 E-mail: jyshirley@dhr.state.ga.us Physical Address: 13273 Ga. Hwy. 34 East	Henry Booker, Executive Dir. Chattahoochee-Flint RDC P.O. Box 1600 Franklin, GA 30217-1600 706/675-6721 (Atl. 770-854-6026) Heard County

Area Agency on Aging Listing

PLANNING & SERVICE AREA	AREA AGENCY ON AGING DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER	EXECUTIVE DIRECTOR NAME OF AGENCY ADDRESS AND PHONE NUMBER
Southwest Georgia Baker Lee Calhoun Miller Colquitt Mitchell Decatur Seminole Dougherty Terrell Early Thomas Grady Worth	Kay Hind, AAA Director Southwest Georgia COA 1105 Palmyra Road Albany, GA 31701-1933 229/432-1124 Fax: (229) 483-0995 Toll free: 1-800-282-6612 E-mail: khhind@dhr.state.ga.us	Kay Hind, Executive Director Southwest Georgia COA 1105 Palmyra Road Albany, GA 31701-1933 229/432-1124 Dougherty County
Lower Chattahoochee (Formerly West Central Ga./Middle Flint) Chattahoochee Quitman Clay Randolph Crisp Schley Dooley Stewart Harris Sumter Macon Talbot Marion Taylor Muscogee Webster	Tiffany Ingram, AAA Director Lower Chattahoochee AAA 1428 Second Avenue P.O. Box 1908 Columbus, GA 31902-1908 706/256-2910 Fax: (706) 256-2908 Toll Free: 1-800-249-7468 E-mail: tingram@dhr.state.ga.us	Patti Cullen, Executive Director Lower Chattahoochee RDC 1428 Second Avenue P.O. Box 1908 Columbus, GA 31902-1908 706/256-2909 Muscogee County

Funding Allocation Plan

Multiple fund sources are used to meet the continuing need for services for Georgia's elderly population. Georgia, as with other states, has seen reduced or limited funding for many aging programs. The chart below shows the breakout of expenditures for all aging programs.



The chart below shows the breakout of expenditures for all aging programs from state fiscal year 2004-2006.

Fund Sources	SFY 04	SFY 05	SFY 06
State	\$54,527,539	\$69,279,363	\$81,357,617
Federal	\$40,353,579	\$42,078,045	\$47,231,516
Tobacco	\$8,000,392	\$7,282,367	\$8,067,348
Other	\$593,569	\$2,166,659	\$1,154,688
Total Funds	\$103,475,079	\$120,806,434	\$137,811,169

TABLE
Allocation of Title III Resources

State Agency Operating Budget for SFY 06 Total Resources to be used for State Agency Administration				
Fund Sources	Title III Funds	Match to Title III	Other Agency Resources	Total Agency Resources
Title III: State Administration	\$ 2,237,941	\$745,980		\$2,983,921
Other Federal Funds				
State Funds				
Totals	\$ 2,237,941	\$745,980	\$ 0	\$2,983,921

SFY 2006 State Program Allocations by PSA

<u>PSA Name</u>	Title III Total	Title VII Elder Abuse	Title VII LTCO	Title V SCSEP	Title III Part D Wellness	Other Funds Total*	Title III Services	Title III Area Plan	Grand Total
Atlanta Regional Commission	5,736,578	24,606	42,230	185,084	83,354	33,856,166	5,216,433	520,144	45,664,595
Central Savannah River	1,572,813	6,286	16,745		35,827	12,119,159	1,407,044	165,769	15,323,643
Coastal Georgia	1,546,740	6,183	12,800		35,560	10,563,252	1,385,630	161,110	13,711,275
Georgia Mountains/ Legacy Link	1,571,871	6,363	8,577		36,028	10,328,606	1,423,063	148,808	13,523,316
Heart of Georgia	1,267,526	4,917	13,492		32,274	10,607,437	1,122,252	145,274	13,193,172
Lower Chattahoochee	1,334,800	5,221	10,825		33,063	9,633,589	1,185,503	149,297	12,352,298
Northwest Georgia	2,165,453	8,874	12,422	431,127	42,540	14,916,143	1,945,107	220,346	19,742,012
Middle Georgia	1,434,040	5,686	12,000	193,675	34,271	9,371,057	1,282,244	151,797	12,484,770
Northeast Georgia	1,367,808	5,399	10,155	262,439	33,523	8,538,731	1,222,445	145,363	11,585,863
Southeast Georgia	1,384,385	5,466	15,320	194,056	33,697	11,165,827	1,236,444	147,941	14,183,136
Southern Crescent	1,359,536	5,347	9,283	272,788	33,389	8,582,615	1,211,664	147,872	11,622,494
Southwest Georgia	1,493,573	5,935	13,050	339,534	34,916	10,396,616	1,334,054	159,520	13,777,198
State Total	22,235,123	90,283	176,899	1,878,703	468,442	150,079,198	19,971,883	2,263,241	197,163,772

NOTE: Other funds includes SSBG, Community based services, Alzheimer's, LTCO state supplemental, CCSP care coordination and client service benefits, Income tax check off, GeorgiaCares, Georgia Caregivers Resource Center, NSIP, ADRC, and USDA Nutrition Program for the Elderly. Note – not all federal funds may have been brought into the budget as of this date.

Intrastate Funding Formula

Intrastate Funding Formula - Section 305(a)(2)(C)(E)

The Older Americans Act, as amended, requires in Section 305(a)(2)(C)(E), 42 U.S.C. 3025(a)(2)(C)(E) that the State Unit on Aging:

“....in consultation with area agencies, in accordance with guidelines issued by the Assistant Secretary, and using the best available data, develop and publish for review and comment a formula for distribution within the State of funds received under this title that takes into account....

- (i) the geographical distribution of older individuals in the State; and
- (ii) the distribution between planning and service areas of older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority older individuals;

Further, Section 305(a)(2)(D) states that the State Unit on Aging shall:

Submit its formula developed under subparagraph (e) to the Assistant Secretary for approval;

(E) Provide assurances that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, with particular attention to low-income minority individuals and older individuals residing in rural areas, and include proposed methods of carrying out the preference in the State Plan.

In compliance with the above the State Unit on Aging for Georgia developed an Intrastate Funding Formula for use of Title III funds. This has been the basis for funding since the basic requirement has been established. The indicators selected for incorporation into the Intrastate Funding Formula (IFF), the data source, and the rationale for their selection are outlined below.

Intrastate Funding Formula Assumptions and Goals

60+ population

The number of persons in the age group 60 and above.

Low income minority 65+ population

Numbers of persons in the age groups 65 and above who are minorities (non-white) and are below the poverty level, as established by the Office of Management and Budget in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents "special attention to low income minority older individuals" as

required by the Older Americans Act.

Low income 65+ population

Numbers of persons in the age groups 65 and above who are below the poverty level as established by the Office of Management and Budget in Directive 14 as the standard to be used by Federal agencies for statistical purposes. This factor represents economic need as defined by the Older Americans Act.

Estimated rural 60+ population

An estimate of the numbers of persons in the age groups 60 and above who reside in a rural area as defined by the Census Bureau. This factor represents the social need factor of "geographic isolation" as defined by the Older Americans Act.

Limited English speaking 65+ population

Numbers of persons in the age groups 65 and above who speak a language other than English and speak English "not well" or "not at all. This factor represents the social need factor of language barriers as defined by the Older Americans Act.

Disabled 65+ population

Numbers of persons in the age groups 65 and above who have a "mobility or self care limitation" as defined by the Census Bureau. This factor represents the social need factor of "physical and mental disability" as defined by the Older Americans Act.

Intrastate Funding Formula Factors and Weights

Factors	Weights
Population 60+	50%
Low Income Minority 65+	10%
Low Income 65+	15%
Rural 60+ (estimate)	13%
Disabled 65+	10%
Limited English Speaking 65+	2%

The above factors have been incorporated into a mathematical formula for administration as reflected below. *In addition to these factors and weights, the Division*

of Aging Services incorporates a 6 percent funding base for parts B, C1, C2, and E.
DAS uses SFY2003 funding level as the base for AAA Administrative funds.

Intrastate Funding Formula

$$Y = (.50(X)(\%60)) + (.10(X)(\%LIM)) + (.15(X)(\%LI)) + (.13(X)(\%RUR)) + (.10(X)(\%DIS)) + (.02(X)(\%LES))$$

Factors:

- Y = The service allocation for a Planning and Service Area (PSA).
- (X) = The total services allocation amount for the state.
- %60 = The PSA percentage of the State total population ages 60 and above.
- %LIM = The PSA percentage of the State total population ages 65 and above who are low income and are minorities.
- %LI = The PSA percentage of the State total population age 65 and above who are low income.
- %RUR = The PSA percentage of the State total population age 60 and above who live in rural areas.
- %DIS = The PSA percentage of the State total population who are age 65 and above and are disabled.
- %LES = The PSA percentage of the State total population age 65 and above and have limited English speaking ability.

DAS revises the funding formula decennially (every ten years) based upon demographic and population changes from Census data. The current formula DAS utilizes provides considerable weight to the rural population and DAS is very likely to adjust the weight given to the Limited English Proficiency (LEP) factor in the next revision.

Listing of State Plan Assurances and Required Activities Older Americans Act, As Amended in 2006

By signing this document, the authorized official commits the State Agency on Aging to performing all listed assurances and required activities.

ASSURANCES

Sec. 305(a) - (c), ORGANIZATION

(a)(2)(A) The State agency shall, except as provided in subsection (b)(5), designate for each such area (planning and service area) after consideration of the views offered by the unit or units of general purpose local government in such area, a public or private nonprofit agency or organization as the area agency on aging for such area.

(a)(2)(B) The State agency shall provide assurances, satisfactory to the Assistant Secretary, that the State agency will take into account, in connection with matters of general policy arising in the development and administration of the State plan for any fiscal year, the views of recipients of supportive services or nutrition services, or individuals using multipurpose senior centers provided under such plan.

(a)(2)(E) The State agency shall provide assurance that preference will be given to providing services to older individuals with greatest economic need and older individuals with greatest social need, (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas) and include proposed methods of carrying out the preference in the State plan;

(a)(2)(F) The State agency shall provide assurances that the State agency will require use of outreach efforts described in section 307(a)(16).

(a)(2)(G)(ii) The State agency shall provide an assurance that the State agency will undertake specific program development, advocacy, and outreach efforts focused on the needs of low-income minority older individuals and older individuals residing in rural areas.

(c)(5) In the case of a State specified in subsection (b)(5), the State agency and area agencies shall provide assurance, determined adequate by the State agency, that the area agency on aging will have the ability to develop an area plan and to carry out, directly or through contractual or other arrangements, a program in accordance with the plan within the planning and service area.

States must assure that the following assurances (Section 306) will be met by its designated area agencies on agencies, or by the State in the case of

single planning and service area states.

Sec. 306(a), AREA PLANS

(2) Each area agency on aging shall provide assurances that an adequate proportion, as required under section 307(a)(2), of the amount allotted for part B to the planning and service area will be expended for the delivery of each of the following categories of services-

(A) services associated with access to services (transportation, health services (including mental health services), outreach, information and assistance (which may include information and assistance to consumers on availability of services under part B and how to receive benefits under and participate in publicly supported programs for which the consumer may be eligible), and case management services);

(B) in-home services, including supportive services for families of older individuals who are victims of Alzheimer's disease and related disorders with neurological and organic brain dysfunction; and

(C) legal assistance;

and assurances that the area agency on aging will report annually to the State agency in detail the amount of funds expended for each such category during the fiscal year most recently concluded.

(4)(A)(i)(I) provide assurances that the area agency on aging will—

(aa) set specific objectives, consistent with State policy, for providing services to older individuals with greatest economic need, older individuals with greatest social need, and older individuals at risk for institutional placement;

(bb) include specific objectives for providing services to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas; and

(II) include proposed methods to achieve the objectives described in items (aa) and (bb) of subclause (I);

(ii) provide assurances that the area agency on aging will include in each agreement made with a provider of any service under this title, a requirement that such provider will—

(I) specify how the provider intends to satisfy the service needs of low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the area served by the provider;

(II) to the maximum extent feasible, provide services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services; and

(III) meet specific objectives established by the area agency on aging, for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas within the planning and service area; and

(4)(A)(iii) With respect to the fiscal year preceding the fiscal year for which such plan is prepared, each area agency on aging shall--

- (I) identify the number of low-income minority older individuals and older individuals residing in rural areas in the planning and service area;
- (II) describe the methods used to satisfy the service needs of such minority older individuals; and
- (III) provide information on the extent to which the area agency on aging met the objectives described in clause (a)(4)(A)(i).

(4)(B)(i) Each area agency on aging shall provide assurances that the area agency on aging will use outreach efforts that will identify individuals eligible for assistance under this Act, with special emphasis on--

- (I) older individuals residing in rural areas;
- (II) older individuals with greatest economic need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (III) older individuals with greatest social need (with particular attention to low-income minority individuals and older individuals residing in rural areas);
- (IV) older individuals with severe disabilities;
- (V) older individuals with limited English proficiency;
- (VI) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and
- (VII) older individuals at risk for institutional placement; and

(4)(C) Each area agency on agency shall provide assurance that the area agency on aging will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.

(5) Each area agency on aging shall provide assurances that the area agency on aging will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, and individuals at risk for institutional placement, with agencies that develop or provide services for individuals with disabilities.

(6)(F) Each area agency will:

in coordination with the State agency and with the State agency responsible for mental health services, increase public awareness of mental health disorders, remove barriers to diagnosis and treatment, and coordinate mental health services (including mental health screenings) provided with funds expended by the area agency on aging with mental health services provided by community health centers and by other public agencies and nonprofit private organizations;

(9) Each area agency on aging shall provide assurances that the area agency on aging, in carrying out the State Long-Term Care Ombudsman program under section 307(a)(9), will expend not less than the total amount of funds appropriated under this Act and expended by the agency in fiscal year 2000 in carrying out such a program under this title.

(11) Each area agency on aging shall provide information and assurances concerning services to older individuals who are Native Americans (referred to in this paragraph as "older Native Americans"), including-

(A) information concerning whether there is a significant population of older Native Americans in the planning and service area and if so, an assurance that the area agency on aging will pursue activities, including outreach, to increase access of those older Native Americans to programs and benefits provided under this title;

(B) an assurance that the area agency on aging will, to the maximum extent practicable, coordinate the services the agency provides under this title with services provided under title VI; and

(C) an assurance that the area agency on aging will make services under the area plan available, to the same extent as such services are available to older individuals within the planning and service area, to older Native Americans.

(13)(A) Each area agency on aging shall provide assurances that the area agency on aging will maintain the integrity and public purpose of services provided, and service providers, under this title in all contractual and commercial relationships.

(13)(B) Each area agency on aging shall provide assurances that the area agency on aging will disclose to the Assistant Secretary and the State agency--

(i) the identity of each nongovernmental entity with which such agency has a contract or commercial relationship relating to providing any service to older individuals; and

(ii) the nature of such contract or such relationship.

(13)(C) Each area agency on aging shall provide assurances that the area agency will demonstrate that a loss or diminution in the quantity or quality of the services provided, or to be provided, under this title by such agency has not resulted and will not result from such non-governmental contracts or such commercial relationships.

(13)(D) Each area agency on aging shall provide assurances that the area agency will demonstrate that the quantity or quality of the services to be provided under this title by such agency will be enhanced as a result of such non-governmental contracts or commercial relationships.

(13)(E) Each area agency on aging shall provide assurances that the area agency will, on the request of the Assistant Secretary or the State, for the purpose of monitoring compliance with this Act (including conducting an audit), disclose all sources and expenditures of funds such agency receives or expends to provide services to older individuals.

(14) Each area agency on aging shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(15) provide assurances that funds received under this title will be used-

- (A) to provide benefits and services to older individuals, giving priority to older individuals identified in paragraph (4)(A)(i); and
- (B) in compliance with the assurances specified in paragraph (13) and the limitations specified in section 212;

Sec. 307, STATE PLANS

(7)(A) The plan shall provide satisfactory assurance that such fiscal control and fund accounting procedures will be adopted as may be necessary to assure proper disbursement of, and accounting for, Federal funds paid under this title to the State, including any such funds paid to the recipients of a grant or contract.

(7)(B) The plan shall provide assurances that--

- (i) no individual (appointed or otherwise) involved in the designation of the State agency or an area agency on aging, or in the designation of the head of any subdivision of the State agency or of an area agency on aging, is subject to a conflict of interest prohibited under this Act;
- (ii) no officer, employee, or other representative of the State agency or an area agency on aging is subject to a conflict of interest prohibited under this Act; and
- (iii) mechanisms are in place to identify and remove conflicts of interest prohibited under this Act.

(9) The plan shall provide assurances that the State agency will carry out, through the Office of the State Long-Term Care Ombudsman, a State Long-Term Care Ombudsman program in accordance with section 712 and this title, and will expend for such purpose an amount that is not less than an amount expended by the State agency with funds received under this title for fiscal year 2000, and an amount that is not less than the amount expended by the State agency with funds received under title VII for fiscal year 2000.

(10) The plan shall provide assurance that the special needs of older individuals residing in rural areas will be taken into consideration and shall describe how those needs have been met and describe how funds have been allocated to meet those needs.

(11)(A) The plan shall provide assurances that area agencies on aging will--

- (i) enter into contracts with providers of legal assistance which can demonstrate the experience or capacity to deliver legal assistance;
- (ii) include in any such contract provisions to assure that any recipient of funds under division (A) will be subject to specific restrictions and regulations promulgated under the Legal Services Corporation Act (other than restrictions and regulations governing eligibility for legal assistance under such Act and governing membership of local governing boards) as determined appropriate by the Assistant Secretary; and

(iii) attempt to involve the private bar in legal assistance activities authorized under this title, including groups within the private bar furnishing services to older individuals on a pro bono and reduced fee basis.

(11)(B) The plan contains assurances that no legal assistance will be furnished unless the grantee administers a program designed to provide legal assistance to older individuals with social or economic need and has agreed, if the grantee is not a Legal Services Corporation project grantee, to coordinate its services with existing Legal Services Corporation projects in the planning and service area in order to concentrate the use of funds provided under this title on individuals with the greatest such need; and the area agency on aging makes a finding, after assessment, pursuant to standards for service promulgated by the Assistant Secretary, that any grantee selected is the entity best able to provide the particular services.

(11)(D) The plan contains assurances, to the extent practicable, that legal assistance furnished under the plan will be in addition to any legal assistance for older individuals being furnished with funds from sources other than this Act and that reasonable efforts will be made to maintain existing levels of legal assistance for older individuals;

(11)(E) The plan contains assurances that area agencies on aging will give priority to legal assistance related to income, health care, long-term care, nutrition, housing, utilities, protective services, defense of guardianship, abuse, neglect, and age discrimination.

(12) The plan shall provide, whenever the State desires to provide for a fiscal year for services for the prevention of abuse of older individuals, the plan contains assurances that any area agency on aging carrying out such services will conduct a program consistent with relevant State law and coordinated with existing State adult protective service activities for--

(A) public education to identify and prevent abuse of older individuals;

(B) receipt of reports of abuse of older individuals;

(C) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance where appropriate and consented to by the parties to be referred; and

(D) referral of complaints to law enforcement or public protective service agencies where appropriate.

(13) The plan shall provide assurances that each State will assign personnel (one of whom shall be known as a legal assistance developer) to provide State leadership in developing legal assistance programs for older individuals throughout the State.

(14) The plan shall, with respect to the fiscal year preceding the fiscal year for which such plan is prepared--

(A) identify the number of low-income minority older individuals in the State, including the number of low income minority older individuals with limited English proficiency; and

(B) describe the methods used to satisfy the service needs of the low-income minority older individuals described in subparagraph (A), including the plan to meet the needs of low-income minority older individuals with limited English proficiency.

(15) The plan shall provide assurances that, if a substantial number of the older individuals residing in any planning and service area in the State are of limited English-speaking ability, then the State will require the area agency on aging for each such planning and service area—

(A) to utilize in the delivery of outreach services under section 306(a)(2)(A), the services of workers who are fluent in the language spoken by a predominant number of such older individuals who are of limited English-speaking ability; and

(B) to designate an individual employed by the area agency on aging, or available to such area agency on aging on a full-time basis, whose responsibilities will include--

(i) taking such action as may be appropriate to assure that counseling assistance is made available to such older individuals who are of limited English-speaking ability in order to assist such older individuals in participating in programs and receiving assistance under this Act; and

(ii) providing guidance to individuals engaged in the delivery of supportive services under the area plan involved to enable such individuals to be aware of cultural sensitivities and to take into account effectively linguistic and cultural differences.

(16) The plan shall provide assurances that the State agency will require outreach efforts that will—

(A) identify individuals eligible for assistance under this Act, with special emphasis on—

(i) older individuals residing in rural areas;

(ii) older individuals with greatest economic need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iii) older individuals with greatest social need (with particular attention to low-income older individuals, including low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas;

(iv) older individuals with severe disabilities;

(v) older individuals with limited English-speaking ability; and

(vi) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction (and the caretakers of such individuals); and

(B) inform the older individuals referred to in clauses (i) through (vi) of subparagraph (A), and the caretakers of such individuals, of the availability of such assistance.

(17) The plan shall provide, with respect to the needs of older individuals with severe disabilities, assurances that the State will coordinate planning, identification, assessment of needs, and service for older individuals with disabilities with particular attention to individuals with severe disabilities with the State agencies with primary responsibility for individuals with disabilities, including severe disabilities, to enhance services and develop collaborative programs, where appropriate, to meet the needs of older individuals with disabilities.

(18) The plan shall provide assurances that area agencies on aging will conduct efforts to facilitate the coordination of community-based, long-term care services, pursuant to section 306(a)(7), for older individuals who--

(A) reside at home and are at risk of institutionalization because of limitations on their ability to function independently;

(B) are patients in hospitals and are at risk of prolonged institutionalization; or

(C) are patients in long-term care facilities, but who can return to their homes if community-based services are provided to them.

(19) The plan shall include the assurances and description required by section 705(a).

(20) The plan shall provide assurances that special efforts will be made to provide technical assistance to minority providers of services.

(21) The plan shall

(A) provide an assurance that the State agency will coordinate programs under this title and programs under title VI, if applicable; and

(B) provide an assurance that the State agency will pursue activities to increase access by older individuals who are Native Americans to all aging programs and benefits provided by the agency, including programs and benefits provided under this title, if applicable, and specify the ways in which the State agency intends to implement the activities.

(22) If case management services are offered to provide access to supportive services, the plan shall provide that the State agency shall ensure compliance with the requirements specified in section 306(a)(8).

(23) The plan shall provide assurances that demonstrable efforts will be made--

(A) to coordinate services provided under this Act with other State services that benefit older individuals; and

(B) to provide multigenerational activities, such as opportunities for older individuals to serve as mentors or advisers in child care, youth day care, educational assistance, at-risk youth intervention, juvenile delinquency treatment, and family support programs.

(24) The plan shall provide assurances that the State will coordinate public services within the State to assist older individuals to obtain transportation services associated with access to services provided under this title, to services under title VI, to comprehensive counseling services, and to legal assistance.

(25) The plan shall include assurances that the State has in effect a mechanism to provide for quality in the provision of in-home services under this title.

(26) The plan shall provide assurances that funds received under this title will not be used to pay any part of a cost (including an administrative cost) incurred by the State agency or an area agency on aging to carry out a contract or commercial relationship that is not carried out to implement this title.

(27) The plan shall provide assurances that area agencies on aging will provide, to the extent feasible, for the furnishing of services under this Act, consistent with self-directed care.

Sec. 308, PLANNING, COORDINATION, EVALUATION, AND ADMINISTRATION OF STATE PLANS

(b)(3)(E) No application by a State under subparagraph (b)(3)(A) shall be approved unless it contains assurances that no amounts received by the State under this paragraph will be used to hire any individual to fill a job opening created by the action of the State in laying off or terminating the employment of any regular employee not supported under this Act in anticipation of filling the vacancy so created by hiring an employee to be supported through use of amounts received under this paragraph.

Sec. 705, ADDITIONAL STATE PLAN REQUIREMENTS (as numbered in statute)

(1) The State plan shall provide an assurance that the State, in carrying out any chapter of this subtitle for which the State receives funding under this subtitle, will establish programs in accordance with the requirements of the chapter and this chapter.

(2) The State plan shall provide an assurance that the State will hold public hearings, and use other means, to obtain the views of older individuals, area agencies on aging, recipients of grants under title VI, and other interested persons and entities regarding programs carried out under this subtitle.

(3) The State plan shall provide an assurance that the State, in consultation with area agencies on aging, will identify and prioritize statewide activities aimed at ensuring that older individuals have access to, and assistance in securing and maintaining, benefits and rights.

(4) The State plan shall provide an assurance that the State will use funds made available under this subtitle for a chapter in addition to, and will not supplant, any funds that are expended under any Federal or State law in existence on the day before the date of the enactment of this subtitle, to carry out each of the vulnerable elder rights protection activities described in the chapter.

(5) The State plan shall provide an assurance that the State will place no restrictions, other than the requirements referred to in clauses (i) through (iv) of section 712(a)(5)(C), on the eligibility of entities for designation as local Ombudsman entities under section 712(a)(5).

(6) The State plan shall provide an assurance that, with respect to programs for the prevention of elder abuse, neglect, and exploitation under chapter 3—

(A) in carrying out such programs the State agency will conduct a program of services consistent with relevant State law and coordinated with existing State adult protective service activities for--

(i) public education to identify and prevent elder abuse;

(ii) receipt of reports of elder abuse;

(iii) active participation of older individuals participating in programs under this Act through outreach, conferences, and referral of such individuals to other social service agencies or sources of assistance if appropriate and if the individuals to be referred consent; and

(iv) referral of complaints to law enforcement or public protective service agencies if appropriate;

(B) the State will not permit involuntary or coerced participation in the program of services described in subparagraph (A) by alleged victims, abusers, or their households; and

(C) all information gathered in the course of receiving reports and making referrals shall remain confidential except--

(i) if all parties to such complaint consent in writing to the release of such information;

(ii) if the release of such information is to a law enforcement agency, public protective service agency, licensing or certification agency, ombudsman program, or protection or advocacy system; or

(iii) upon court order.

REQUIRED ACTIVITIES

Sec. 307(a) STATE PLANS

(1)(A) The State Agency requires each area agency on aging designated under section 305(a)(2)(A) to develop and submit to the State agency for approval, in accordance with a uniform format developed by the State agency, an area plan meeting the requirements of section 306; and

(B) The State plan is based on such area plans.

Note: THIS SUBSECTION OF STATUTE DOES NOT REQUIRE THAT AREA PLANS BE DEVELOPED PRIOR TO STATE PLANS AND/OR THAT STATE PLANS DEVELOP AS A COMPILATION OF AREA PLANS.

(2) The State agency:

(A) evaluates, using uniform procedures described in section 202(a)(26), the need for

supportive services (including legal assistance pursuant to 307(a)(11), information and assistance, and transportation services), nutrition services, and multipurpose senior centers within the State;

(B) has developed a standardized process to determine the extent to which public or private programs and resources (including Department of Labor Senior Community Service Employment Program participants, and programs and services of voluntary organizations) have the capacity and actually meet such need;

(4) The plan shall provide that the State agency will conduct periodic evaluations of, and public hearings on, activities and projects carried out in the State under this title and title VII, including evaluations of the effectiveness of services provided to individuals with greatest economic need, greatest social need, or disabilities (with particular attention to low-income minority older individuals, older individuals with limited English proficiency, and older individuals residing in rural areas). *Note: "Periodic" (defined in 45CFR Part 1321.3) means, at a minimum, once each fiscal year.*

(5) The State agency:

(A) affords an opportunity for a public hearing upon request, in accordance with published procedures, to any area agency on aging submitting a plan under this title, to any provider of (or applicant to provide) services;

(B) issues guidelines applicable to grievance procedures required by section 306(a)(10); and

(C) affords an opportunity for a public hearing, upon request, by an area agency on aging, by a provider of (or applicant to provide) services, or by any recipient of services under this title regarding any waiver request, including those under Section 316.

(6) The State agency will make such reports, in such form, and containing such information, as the Assistant Secretary may require, and comply with such requirements as the Assistant Secretary may impose to insure the correctness of such reports.

(8)(A) No supportive services, nutrition services, or in-home services are directly provided by the State agency or an area agency on aging in the State, unless, in the judgment of the State agency--

(i) provision of such services by the State agency or the area agency on aging is necessary to assure an adequate supply of such services;

(ii) such services are directly related to such State agency's or area agency on aging's administrative functions; or

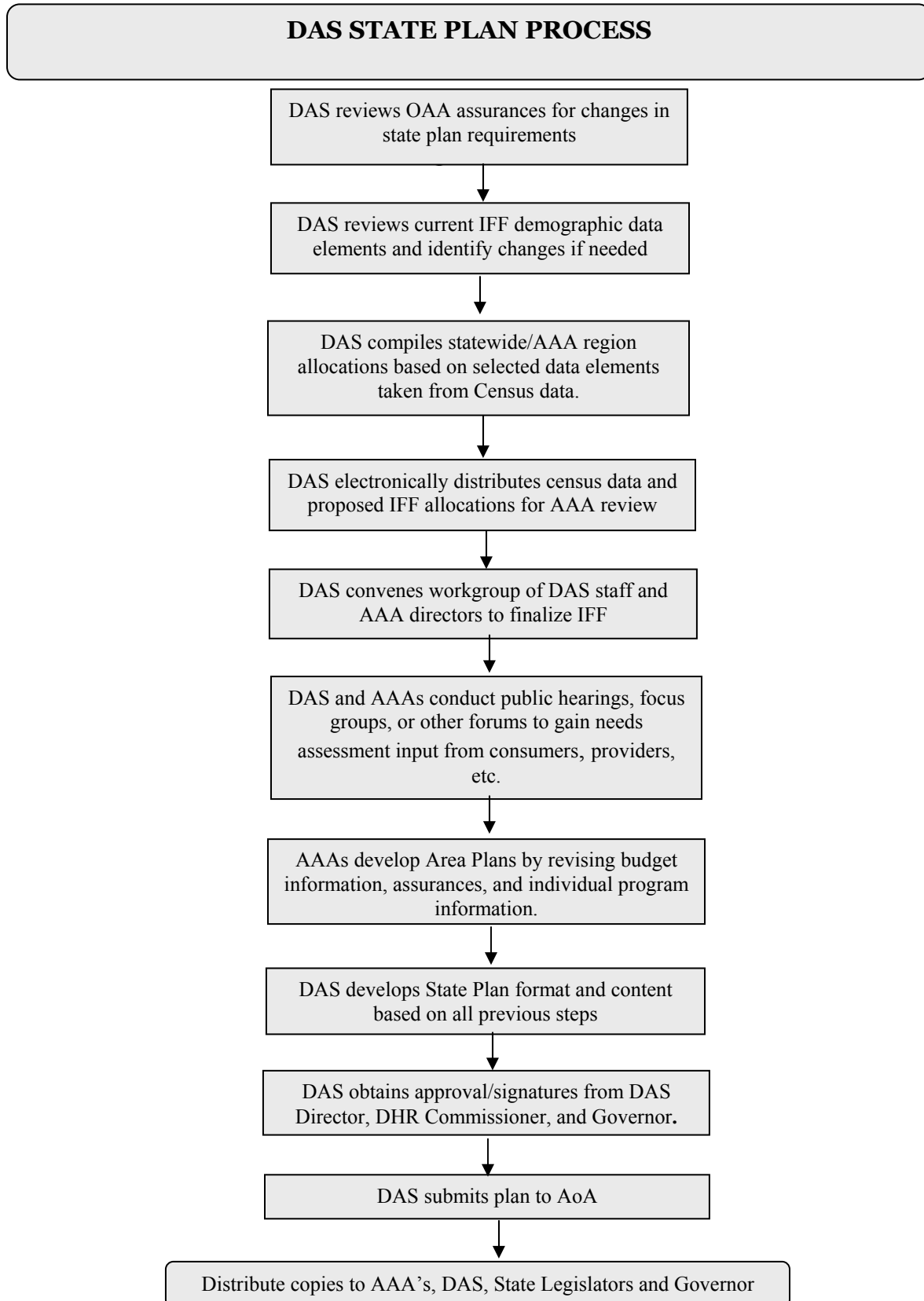
(iii) such services can be provided more economically, and with comparable quality, by such State agency or area agency on aging.

Maria Greene
Signature and Title of Authorized Official

8-03-07
Date

State Plan Development Process

The below flowchart outlines the State Plan Development process utilized by the Georgia Department of Human Resources Division of Aging Services.



The Division of Aging Services (DAS) employs the following as leading principles in the strategic planning process:

Components of the Division of Aging Services' Operational Plan align with the Department of Human Resources' Strategic Plan. Operational goals and objectives are developed which address targets to be accomplished in order for each office to progress towards the DHR vision and fulfill its statement of purpose. The operational objectives are specific, quantifiable targets that measure the accomplishment of a goal over a specified period.

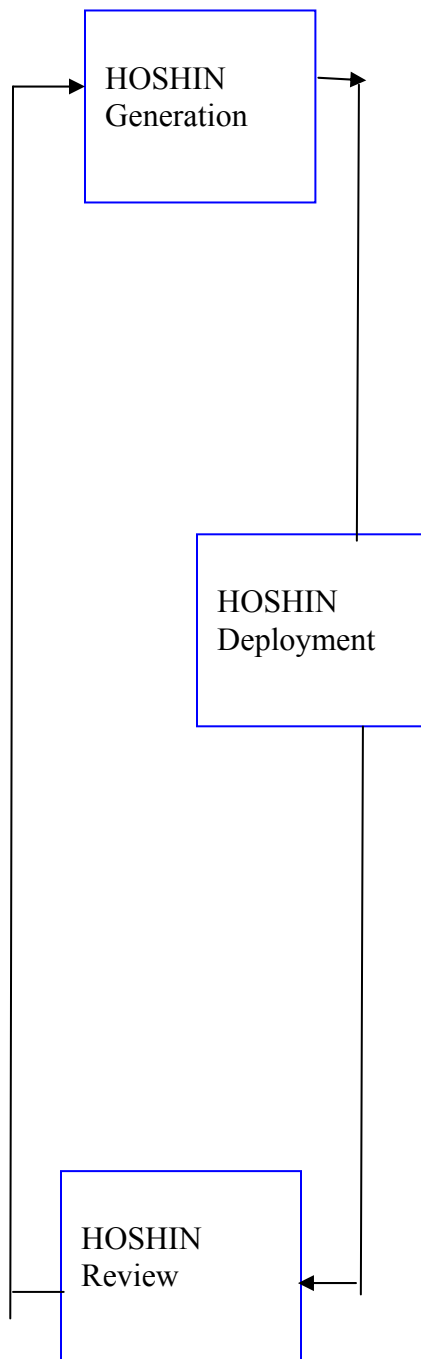
Hoshin Planning

Hoshin can be translated as policy, planning, and deployment, or management by policy. It is a planning system that points the organization in the right direction, with a strong focus on setting organizational targets and at the same time identifying the resources needed to reach the targets. The Hoshin approach ties the organization together with a common sense of purpose and shared values and is currently employed by the Division to ensure that data are available, data are accurate, and data are used to drive decision-making. It is a central component of DAS' strategic planning process.

The Division of Aging Services began implementation of its first HOSHIN plan to "Manage the Aging Network Using Data" in January 1998. As part of the 2007-2011 Hoshin Objectives, the Division of Aging Services has established the following overarching goal: **By the year 2011, Georgia will have the highest performing aging network in the United States that champions consumers living safer, healthier, more self reliant lives.**

The following chart provides an overview of the DAS Strategic Planning Process including Hoshin development.

The Big Picture



Formulate Mission (Values/Beliefs, Critical Success Factors/Inhibitors)

DAS Leadership Team clarifies the organization's identity by identifying / revisiting and posting its purpose, customer demands, and success factors in Mission/Vision/Values statements.

Envision the Future

The Network and DAS Leadership Team conduct an environmental scan that identifies potential internal/external competitors and customer needs for the next 3-5 years period.

Tie to State Strategic Directions

DAS Leadership Team ensures that the DAS Mission/Vision/Values are in alignment with DHR Strategic Plan.

Develop Strategic Goals and Objectives

DAS Leadership Team convenes staff workgroups that conduct SWOT analysis to establish goals and objectives for the upcoming 4-year cycle.

Identify Business Functions

DAS Leadership Team reviews current business functions and defines activities that DAS will administer for the Aging Network during the upcoming 4-year cycle.

Develop Strategies

DAS Leadership Team requests that individual programs define expectations/annual targets for the upcoming 4-year cycle.

Develop Operational Plan

DAS Leadership Team requests that individual programs develop outcomes and success measures for program expectations during the upcoming 4-year planning cycle.

Implement the Plan

Track, Monitor and Evaluate

DAS Leadership Team focuses on results and processes and commits to continuous process improvements. DAS Leadership Team requests that individual programs do the same and be prepared to adjust processes as necessary. Success measures should be reviewed monthly, quarterly and/or yearly.

Planning to Plan

DAS Leadership Team initiates new 4 year planning process during year 3 of the current cycle.

The Baldrige Business Model - Assuring Performance Excellence

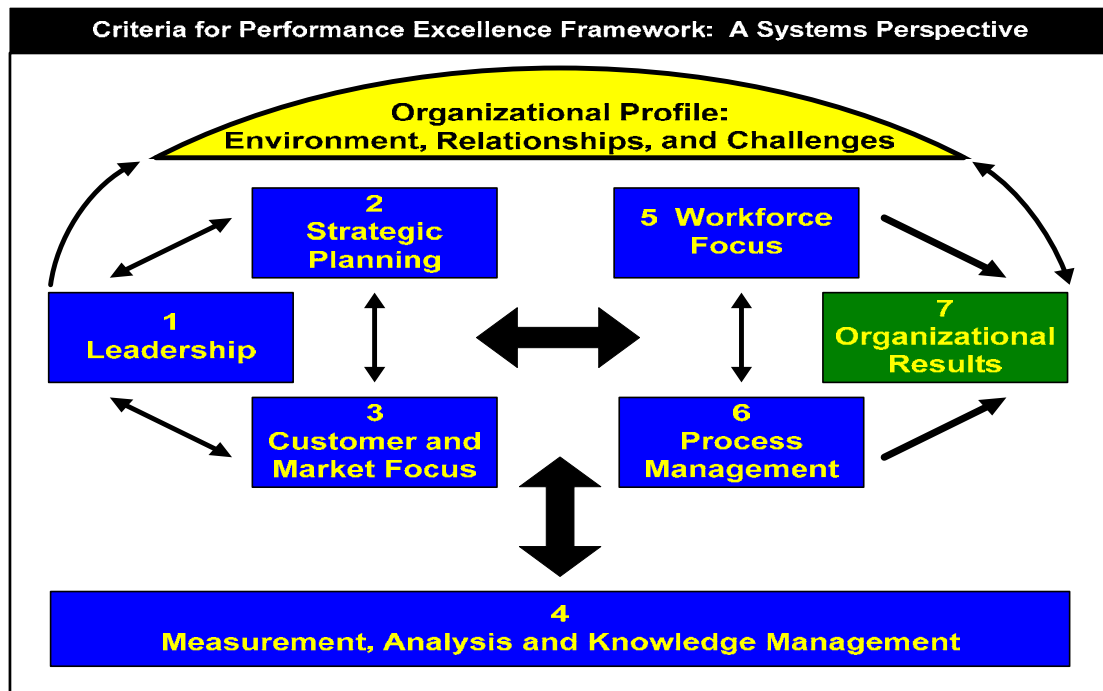
The Division has embraced the Baldrige award criteria³ for performance

³ Created by Congress in 1987 in honor of the late Secretary of the Department of Commerce, Malcolm Baldrige, the criteria are based on the management practices of the world's best performing companies.

excellence. The division sets high expectations, values employees and their input, communicates clear directions, and aligns the work of everyone to achieve organizational goals and optimize performance. The Baldrige criteria for performance excellence are built upon a set of eleven core values and concepts that are critical for successful organizations of any size and in any sector. They are the foundation for integrating key business requirements within a results-oriented framework that creates a basis for action and feedback. These core values and concepts are indicated below.

Customer-Driven Excellence
 Visionary Leadership
 Organizational and Personal Learning
 Valuing Employees and Partners
 Agility
 Focus on the Future

Managing for Innovation
 Management by Fact
 Social Responsibility
 Focus on Results and
 Creating Value
 Systems Perspective



The DAS Balanced Scorecard is indicated on the next page for SFY 2007-2011.

These criteria are continually evaluated to assure that they drive achievement of high levels of performance, productivity, and customer satisfaction.

DAS Balanced Scorecard 2007 - 2011

1.0 Customer/Client		3.0 Employee	
Objective	Measure/Target	Objective	Measure/Target
1.1 Increase Access to Quality Services	% with Access to CM Services % Satisfied w/ Services % Waitlisted	3.1 Professional Development	% w/Development Plans % Completing Plan Elements % with Credentials
1.2 Improve Marketing	#/% of Increased Contacts	3.2 Satisfaction	% Satisfied % Satisfied w/Compensation
1.3 Expand Prevention Initiatives	\$ Saved from preventive services # Wellness Sites	3.3 Recruitment/Retention	Days to Hire Turnover Rate Turnover first year
1.4 Advocacy	Impact of Legislation Amended/ Passed	3.4 Succession Planning	DAS workgroup devised to make recommendations
2.0 Financial		4.0 Internal Process	
2.1 Resource Development	Volunteer \$/ Hours Increased Revenue	4.1 Efficient/Effective Processes	% Sections with Improvement Initiatives
2.2 Accountability	Lapse Budget Accuracy % Fiscal Monitoring	4.2 Optimize Technology	% Using Technology % Capable
		4.3 Improve Internal Communications	% Satisfied with DAS Communications – DAS workgroup formed

The chart below describes the key elements in the Division of Aging Services' planning process.

Division of Aging Services Key Elements in the Planning Process

